



# ***JPRS Report***

# **Epidemiology**

**AIDS**

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# Epidemiology AIDS

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16 July 1991

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## ANGOLA

### Luanda Reports 23 Cases of AIDS, Including 10 Deaths

MB0506083891 *Luanda ANGOP in Portuguese*  
1915 GMT 4 Jun 91

[Text] Luanda, 4 June (ANGOP)—A total of 23 cases of AIDS, including 10 deaths, were registered at Josina Machel Hospital in Luanda from January to May this year. ANGOP learned this today from Dr. Francisco Mendez during a visit to the hospital by Nikola von Hassel, coordinator of the Medical Mission Institute [preceding words in English]. Dr. Francisco Mendez also revealed that the hospital lacks resources to deal with the disease. On the occasion, Dr. Hassel was briefed on the patients' health conditions and their needs. The Medical Mission Institute is a German nongovernmental charity organization which assists the sick, particularly those suffering from AIDS.

## BOTSWANA

### Kgalagadi District—35 People HIV Positive

MB2706175291 *Gaborone Radio Botswana Network in English* 1610 GMT 27 Jun 91

[Text] The medical practitioner in Tshabong, Dr. Sam Adu, says the spread of AIDS in the Kgalagadi District is becoming serious. Speaking to BOPA, Dr. Adu said there were about 35 people infected with the AIDS virus in the Kgalagadi District, most of them women. He said Tshabong alone had 25 cases. Dr. Adu said the most affected age group ranges from 19 to 35 years.

He said the spread of AIDS can be controlled by educating people about the disease, and encouraging people to stick to one partner, and to use condoms.

## CAMEROON

### By 1990: 243 AIDS Cases, 173 Fatalities

91WE0354A *Yaounde CAMEROON TRIBUNE in English* 25 Mar 91 p 5

[Article by Bernard Fualefac]

[Excerpts] The killer disease, the Acquired Immune Deficiency Syndrome (AIDS) has plunged mankind into a dilemma and extreme fear especially as there is no cure yet. Last Tuesday, 19 March, all the media personnel in the North West province who are the mouth piece of the population participated very actively at the one-day seminar for AIDS prevention organised by the health department in the province. [passage omitted]

#### Some Statistics

In delivering a paper on AIDS epidemiology, statistics, evaluation and distribution in the province and at

national level the seminar coordinator, Dr. Tembon, noted that since the disease was first diagnosed in America (in 1981), scientists, doctors, researchers and the World Health Organisation (WHO) have been working round the clock to find a drug which can cure the ailment.

He observed that the matter is now a political, social, economic and medical problem.

At the national level, between 1983 and 1990 some 243 cases of AIDS were diagnosed. Dr. Tembon said of this figure 173 are already dead and 23 are below the age of 18 years. He went on further to disclose that of the 143 who are AIDS carriers 133 are women. Other statistics out of the global figure of 243, six contacted the ailment through blood transfusion, 63 were heterosexual, 13 prostitutes and 20 imported cases.

In the North West province, Dr. Tembon pointed out that as of March 1991 the number of HIV carriers stands at 148. Of this figure 94 came from the urban centres and 54 from the rural areas. He said the distribution by sex revealed that 88 males were HIV carriers as against only 41 for females. Other analysis further showed that 72 HIV victims are married, 44 single and others who are either widows, or widowers constituted 13. The provincial preventive medicine boss, however, did not disclose the figures for AIDS patients in the province. [passage omitted]

## GABON

### About 9,000 Found HIV-Positive Since 1986

91WE0376A *Libreville L'UNION in French*  
3 Apr 91 p 3

[Article by Annick-Brigitte Bouma: "Capital Available To Step Up Fight Against AIDS"; L'UNION introduction is "AIDS—Second Meeting of Moneylenders"]

[Text] The Meridien Re-Ndama was recently the site of discussions among those concerned with marshaling the resources to finance the second phase of the medium-term program (PMT) to combat AIDS. The meeting was an important one, judging by the number of representatives who attended. Included at the meeting were the Gabonese state, which was joined by the Ministries of Health, the Budget, and National Defense, by traditional partners—among them WHO, UNDP [UN Development Program], the EC, UNFPA [UN Fund for Population Activities], and the CIRMF [expansion not given]—and by the Western-country delegations [sentence as published]. Participants reaffirmed their support for the National Anti-AIDS program.

In his opening speech, the health minister Eugene Kakou-Mayaza reminded participants of his ministry's concern about the spread of the disease. The seropositive rate on the 117 cases reported since 1986 is 2 percent, or

about 9,000 seropositive individuals. This led the minister to acknowledge that, since therapeutic action is currently unable to check the pandemic disease, the international community must mobilize around "prevention, to reduce the transmission and dissemination of the virus."

The epidemiological profile of AIDS in Gabon, which was presented by Dr. Hamono, shows that the illness is a recent development—the virus responsible for it was only identified seven years ago. Consequently, it can be deduced from studies done on cluster surveys of the population, especially among high-risk groups such as sexually transmitted disease carriers, tuberculosis patients, and prostitutes, that the disease is still spreading steadily. This is known because studies conducted among 15- to 44-year-olds revealed a prevalence rate of 2.2 percent in Libreville alone.

This raises the question of how programs for the second-year PMT activities, which require a sum of 500 million CFA [African Financial Community] francs, will be revised. Generally speaking, based on the talks of Gabon's traditional partners, the already existing arrangement will be maintained and shored up as needed to meet priorities. Gabon has allocated a package of 98 million CFA francs for this year. As you might suspect, this sum would not be sufficient to get the program off the ground. The 11 governments and institutions represented in the meeting made commitments to cover the rest. This PMT program revision will serve as a framework for all anti-AIDS efforts and as the foundation for the financial commitments of all the partners.

## IVORY COAST

### Health Minister Advises Increased Use of Condoms

*AB0805111891 Abidjan FRATERNITE MATIN in French 4-5 May 91 p 2*

[Passages within slantlines printed in boldface]

[Excerpts] /"U.S.-made high quality condoms tested in the factory and laboratory..."/ that is the way "Prudence" was presented. This condom seems to have won the Ivorian health minister's favors who, by setting it against the background of remarks made in his office yesterday on the development of AIDS in Ivory Coast, gave the impression that he was recommending its use to Ivorians. In reality, the minister of health was inviting his compatriots to increasingly acquire the reflex for protected sexual relations. In this regard, the use of condoms is the best method of prevention. [passage omitted]

A new state of mind should govern AIDS prevention. The health minister has signed a two-year renewable protocol agreement with Population Service International (PSI), an American nongovernmental organization whose objective is "to increase the physical and

economic accessibility of condoms in Ivory Coast," in other words, generalize their use, and this for a very good reason.

Speaking in solemn terms Minister Alain Ekra said that /"our country is currently sixth in Africa concerning WHO-registered AIDS cases,"/ an epidemiological situation which reveals that Ivory Coast has 6,836 cumulated cases, including 3,189 seropositive cases.

The largest number (80 percent) of adult cases range from between 20 and 49 years, with maximum cases found among men aged from between 30 and 39, and among women from between 20 and 29. It has been observed that the /epidemic/ (which is seriously worsening in our country) /is spreading from the high risk groups to the general public/. [passage omitted]

## KENYA

### Semiannual AIDS Statistics Updates Planned

*91WE0396 Nairobi KENYA TIMES in English 30 May 91 p 3*

[Article by Michael Otieno]

[Text] The number of AIDS victims in Kenya currently stands at 17,260 cases. Of these 700 are children under the age of five, the Director of Medical Services, Professor Joseph Oliech, said yesterday. Prof. Oliech pledged to release a report with an update on the number of victims of the dreaded scourge after every six months. The DMS said this when he briefed the press on the status of the disease in the country at his Afya House office. The Coast Province, the director said, had the highest number of AIDS cases in the country with 45.7 percent of the national burden. In terms of figures, the province has a total of 7,895 cases out of which 5,024 are male and 2,871 female. Prof. Oliech raised concern over the high number of children victims and posed: "What are we going to do with these kids?" adding "the burden on the Government to take care of these children is enormous." Prof. Oliech said that Nyanza Province has 3,848 (22.3 percent) AIDS cases, Nairobi alone has 2,542 (14.7 percent) while Western had 1,054 (6.1 percent). The figures, the DMS said, were alarming and called upon Kenyans to change their sexual habits for the better since sexual intercourse remained the major avenue of transmission of the human immunodeficient virus (HIV) which causes AIDS. "Last year during the international AIDS Day celebrations which were observed at Kibera, Nairobi, the Minister for Health, Mr. Mwai Kibaki revealed that the number of AIDS cases in the country stood at 12,000. "From last year's figures you people (journalists) can clearly see that we have at least 5,000 cases every year, who demonstrate the clinical signs of AIDS (have fully blown condition), said Prof. Oliech. He called on all concerned to heed the advice from the health professionals in the fight against AIDS. He cautioned patients not to receive blood which has not been screened for the virus. "We have the best



blood screening facilities in Africa and nobody should accept blood which has not been screened," said Prof. Oliech. He also cautioned health workers to handle donated blood carefully to avoid contamination. Prof. Oliech said blood transfusion was among the major avenues for the transmission of the AIDS virus. He revealed that Nyanza had a total of 1,859 cases of donated blood infected with the HIV. The figures of infected donated blood are as follows: Coast—1,215, Nairobi—1,381, Western—990, Rift Valley—389, Central—233, Eastern—219, North Eastern—22 and the total figure stood at 6,308. In terms of age groups, the group between 20 and 29 years had the highest number of cases of infected blood at 2,530 (40.1 percent) followed by 30 to 49 years with 1,880 (29.8 percent). Another group marked unknown had 1,219 (19.3 percent) cases on infected blood. Mombasa District is leading the pack with the highest number of cases of infected donated blood with 1,124 followed by South Nyanza—669 cases, Kakamega—594, Kisumu—490, Kisii—484 and Busia—274. From the figures, Mombasa District, has a total of 92.5 cases of blood with HIV while South Nyanza has 36.0 percent of the provincial burden. The number of AIDS patients in other districts are as follows: Central—632 cases, Eastern—663 cases, Rift Valley—594, North Eastern—22 cases. Meanwhile, at another function while receiving a donation of books from the Ciba Geigy Renya Limited, the DMs hailed the private sector to the Government in its efforts to provide medical care.

## MALAWI

### Mozambican Refugees Flee to Malawi; AIDS Threat Increasing

MB0706152491 Johannesburg SABC TV 1 Network  
in English 2040 GMT 6 Jun 91

[From the "Agenda" program]

[Text] Refugees are fleeing from war-torn and drought-plagued Mozambique in ever-increasing numbers. Many of them head for Malawi but the burden of supporting them, even with international aid, is becoming simply too great. [Begin recording]

**Unidentified Reporter:** In the last five years Nsanje District in southern Malawi has been turned into a massive refugee camp. The tightly packed huts are home to nearly 300,000 Mozambicans. They outnumber the local population. They are still arriving at a rate of 40 a day at this camp alone. It's the unnoticed exodus. They come with little. Most of their possessions destroyed in a war none of them understand.

There were few women in this batch. They're often abducted by the rebels. Manuel Joaquim walked for nine days. He's no longer interested in who is to blame. Like others he says both sides kill and maim in the fight for territory.

It takes 14 truck deliveries every day of the year to feed the influx of refugees across the country. But the strains are beginning to tell. At some distribution centers the rations have been cut. Aid workers say most refugees are now receiving only two-thirds of what they need.

**Fr. Connor Kennedy:** The refugees are a major burden on the resources of this country. At their level of education, health, land use, forestry, timber, water resources; all these are problems. Malawi can only continue to give this service with the assistance of the international community.

**Dr. Tom Klassman:** And local people may soon need handouts too. The pressure on land in these parts means they no longer produce enough food to feed themselves.

Nsanje district hospital was designed to take 150 patients. There are 400 there now, most of them refugees. There is only one nurse on this shift and only time enough to deal with the worst cases. Half the children in the ward are suffering malnutrition.

But there is a more sinister threat. Fifty percent of the patients in the hospital, including 10-year-old Medya Banda, have AIDS-related diseases.

**Klassman:** The way it is increasing we think that in a few years time the figure will have risen to maybe 70 or 80 percent.

**Unidentified Reporter:** With problems like that in store many believe Malawi can no longer afford its open-door policy on refugees. [End recording]

## NIGERIA

### First National AIDS Conference Announces Government Approves Salary Structure for Doctors

AB2603150091 Dakar PANA in English 1006 GMT  
26 Mar 91

[Quotation marks as received]

[Text] Ota (Nigeria), 26 March (NAN/PANA)—The Nigeria Government has approved new salary structure and conditions of service for all categories of medical doctors in the country, the vice president, Adm. Augustus Aikhomu, has announced. Speaking at the opening of the first national conference on AIDS, on Monday in Ota, Ogun State, west of Lagos, Aikhomu said the government would provide necessary funds to accommodate the new salary package.

He said the measure was part of the government's package of incentives aimed at stopping the brain drain syndrome in the medical sector. On AIDS, Aikhomu said medical experts should improve on enlightenment programme and argued that though experts tell us that the incidence in Nigeria is low at the moment, a projection of the sero-positivity rate to the general population



indicates that about 500,000 Nigerians may be carrying the virus at the present time".

The vice president said the feedback reaching him since his last appeal in 1989 for concerted efforts at educating Nigerians on the AIDS epidemic, indicated that there was a high-level complacency and a disturbing level of non-chalance among Nigerians to the AIDS epidemic. What is most disturbing about this dreaded disease is the fact that the people afflicted by the HIV virus carry AIDS without being aware of it for years and yet remain healthy and capable of spreading the virus to others," he said.

He urged all tiers of government to take urgent steps to save our children from dying or watching us die of AIDS". To this end, Aikhomu directed states ministries of health, education and information, and local governments to allocate sufficient funds in their annual budgets to prevent and control AIDS.

#### **Health Commissioner: Ten AIDS Cases Discovered in Jos**

91WE0383A Lagos THE GUARDIAN in English  
2 May 91 p 3

[Article by Benedict Hart]

[Text] No fewer than 10 carriers of the dreaded Acquired Immune Deficiency Syndrome (AIDS) virus are stalking the streets of Jos, according to the Health Commissioner, Dr. Nensort Gomwalk.

The cases were discovered from the results of blood sample surveys undertaken by health officials.

Suggesting that it is a growing threat, Dr Gomwalk said that although only 10 of the 8,921 blood samples screened for the HIV virus proved positive, there was cause for concern because none of the samples tested about three years ago when the AIDS control program started proved positive.

"With time, there has definitely been an increase in the number of confirmed cases," he said.

Reviewing the activities of his ministry during the first quarter of this year, Dr. Gomwalk acknowledged that guineaworm was still a problem in Awe, Lafia, Nasarawa, Kessi and Shendam, but insisted that the number of cases has dropped from 11,000 three years ago to 9,694 in 1988/89 and 4,041 in 1989/last year.

This, according to him, was due to the government's health education campaigns and active intervention strategies.

The commissioner announced that multiple drug therapy centers would be set up in Mangu, Bassa, Akwanga and Lafia to produce treatment for 9,630 registered leprosy patients. Workers in the four councils are to be trained in drug administration.

Dr. Gomwalk noted that malaria was still a major killer-disease among children under five years.

Last year, 18 deaths were recorded of 1,601 malaria cases, and 19 deaths occurred the previous year when 8,364 cases were reported.

#### **Over 700 Affected by HIV, 94 Said To Develop AIDS**

AB1006091991 Lagos Radio Nigeria Network  
in English 2100 GMT 6 Jun 91

[Text] Seven hundred and eight Nigerians have so far been infected by the Human Immune Deficiency Virus, HIV. Out of this, 94 have developed the disease, Acquired Immune Deficiency Syndrome, AIDS. The minister of health, Professor Olikoye Ransome-Kuti, announced this today in Lagos while inaugurating the mass media committee on AIDS. Prof. Ransome-Kuti said over 123,000 blood samples have been screened in the country. The minister said that so far, no drugs had been found to cure AIDS and no vaccine developed to prevent infection by the virus. He said that the weapons against the deadly disease were information and education which should be designed to effect the behavioral changes in the society. Prof. Ransome-Kuti said that research has shown that when people were given accurate and culturally appropriate information in the language they understand, it could lead to behavioral changes. He therefore advised members of the committee to be sufficiently informed and knowledgeable about the problem to be able to educate the people.

#### **Official Says 'About 154,000' Infected by AIDS Virus**

AB3006182091 Dakar PANA in English 1544 GMT  
30 Jun 91

[Text] Lagos, 30 June (NAN/PANA)—The national coordinator of the Acquired Immune Deficiency Syndrome (AIDS) programme in Nigeria, Mrs. Biola Tilley-Gyado, has said that available data shows that about 154,000 adults in the country are infected with the HIV virus responsible for AIDS.

Speaking at the inauguration of the Soroptimist International in Lagos at the weekend, Tilley-Gyado also said that about 5,000 children born to HIV-infected parents were also infected with the virus. She told the club, made up of professional women from all walks of life, that a return to traditional attitudes toward sex could help contain the spread of the virus.

## **SOUTH AFRICA**

#### **Number of HIV-Positive Children in Cape Rising**

91WE0375 Cape Town THE ARGUS in English  
2 May 91 p 1

[Text] Thirteen children tested positive for the HIV virus in the Cape in the first three months of the year.

A total of 129 people tested positive, twice the number in the first quarter last year.

According to information supplied by the virus laboratories at Tygerberg and Groote Schuur hospitals to the Department of Health, risk factors were unknown in the case of 74 people. Ten were homosexual and 32 were heterosexual.

By March this year a total of 853 people had tested positive for the HIV virus in the Cape since testing began.

Of these, 191 were white, 162 were coloured, 269 were black and the race of 231 was unknown.

The Department of Health said that of the 129 who tested positive this year, the race and sex of 47 were unknown, but five were white males, one was a white female, 20 were coloured males, 10 were coloured females, 23 were black males and 23 were black females. No Asians tested positive.

The AIDS testing is done anonymously and the cases can be identified only by postal codes.

Of the 58 people who tested positive in the Cape in March, 39 were from the Western Cape—22 of them from Cape Town. East London had five cases, the Karoo had two, the Kimberley area had two and the southern Cape coast had three. Others were not identifiable by postal code.

### **AIDS Infection 'Soaring' In Pietermaritzburg**

*MB1306083391 Umtata Capital Radio in English  
0600 GMT 13 Jun 91*

[Text] Infection with the AIDS virus is soaring in Pietermaritzburg. The NATAL WITNESS reports the number of people carrying the virus in the city in the first 5 months of this year doubled from the same period last year.

The head of the HIV clinic at Edendale Hospital, Jim Muller, says most of the 121 people who tested HIV-positive had picked up the disease sexually. Three AIDS victims have recently been diagnosed at Edendale; two have since died.

In the city itself, one person has died and another 20 have the full-blown disease. All those who picked up the HIV virus are expected to die.

### **Country Facing 'Major' AIDS Disaster**

*MB1406185091 Johannesburg SABC TV 1 Network  
in English 1545 MT 14 Jun 91*

[Text] South Africa faces a major AIDS disaster unless it can bring the spread of tuberculosis [TB] under control.

The warning to this effect has been issued after a finding [words indistinct] there is a definite link between AIDS and TB. Scientists say that since the beginning of this

year, TB patients have shown a threefold increase in AIDS infection. These facts came to light at a symposium of the Community Health Association of Southern Africa Held at Kempton Park today. [Begin recording]

**SABC reporter, Marinus Winjbeek:** Speakers at the symposium described a close relationship between TB and AIDS. AIDS can trigger latent TB infections, and increases incidents of active TB as much as ten times.

At a recent world conference on lung health, it was estimated that TB cases worldwide could escalate to 80 to a 100 million by the year 2,000 due to the influence of AIDS.

On the other hand, a TB infection will speed up the development of AIDS, thereby shortening the life expectancy of AIDS sufferers and increasing the death rate three times.

In the USA, TB is again on the increase. This is directly related to AIDS in that country.

A study at a local TB hospital revealed that in 1989/99, 1.8 percent of TB patients had AIDS as well. Provisional figures indicate that since the beginning of this year, this figure has risen threefold to 5.4 percent.

**Eric Glatthaar:** The present situation is definitely cause for quite serious concern, although there is a downward trend in some areas. And in many other areas there is a rising tendency of the disease, especially on our coastal areas, and in the western Cape the disease has reached epidemic proportions. [end recording]

### **Cooperation Bureau Allegedly Spread AIDS in Townships**

*MB2806113391 Johannesburg NEW NATION  
in English 28 Jun - 4 Jul 91 p 3*

[Unattributed report: "CCB Sent AIDS-Infected 'Askaris' Into Townships"]

[Text] Members of the underground Civil Co-Operation Bureau (CCB) used four AIDS-infected 'askaris' [former ANC guerrilla] from the Vlakplaas police counter-insurgency base to spread the deadly virus in Soweto and East Rand township shebeens.

According to an affidavit by former security agent, Ronald Desmond Bezuidenhout, the four 'askari's'—former ANC [African National Congress] guerrillas working for the police—regularly visited shebeens with instructions to have sex with black women.

This was perceived as a perfect ploy to spread the disease in the townships.

Bezuidenhout, a former policeman and member of the counter-insurgency unit based at Vlakplaas, said in a written affidavit that he personally took four AIDS-infected 'askaris' to the townships on the orders of his commanding officer.

"I was ordered by a certain major Eugene de Kock to take the four AIDS infected 'askaris,' who were also based at Vlakplaas, to the townships in order for them to build relationships with black women and thus spread the virus," his affidavit said.

Bezuidenhout told NEW NATION that he was still on the run and lived in fear of being killed by his former colleagues for revealing information relating to CCB activities.

### **Insurance Official Says AIDS Doubling Every 12 Months**

*MB0107134291 Johannesburg SAPA in English  
1314 GMT 1 Jul 91*

[Text] Johannesburg July 1 SAPA—The number of people suffering from AIDS is currently doubling every 10 to 12 months says Southern Life [insurance company] Chairman Mr. Neal Chapman.

Writing in the group's annual report Mr. Chapman states: "However incomplete our current data might be, it is a fact that the number of people infected is currently doubling every 10 to 12 months and projections for the mortality rate by the end of the century are alarming."

He went to state that it was inevitable that life offices will have to increase premiums in the foreseeable future, especially for younger people, in order to cater for payments due to policyholders who become infected after taking a life policy out.

"While it is difficult to increase rates in a competitive market environment, failure to do so timeously will compound the problem and lead to mortality losses which will have to be borne by policyholders and, in the case of proprietary companies, by shareholders too."

Mr. Chapman writes: "As the plague spreads and begins to impact on labour forces, national health costs and dependents, employers across the full spectrum of business will face major problems.

"I cannot urge strongly enough the importance of educating employees and their families on the causes of AIDS and how to take proective measures."

## **SWAZILAND**

### **March-April AIDS Death Toll 22**

*MB0606143691 Mbabane THE SWAZI OBSERVER  
in English 6 Jun 91 p 1*

[Report by Lungile Nduli: "22 Die of AIDS"]

[Text] Twenty-two people are reported to have died of AIDS between March and April this year.

Delivering a Lecture on AIDS at a four-day workshop for government hospital nurses on Primary Health Care

held at Thokoza Church Centre in Mbabane, Mrs. Nompumelelo Gama of the Public Health Unit said 27 people were found to be HIV positive and 17 died in March.

She said in April 22 cases were reported with five deaths which gives a total number 22 of those dead.

She pointed out that it is possible that more people could have died of AIDS because not all patients are treated at the government hospitals in the country.

Mrs. Gama said the figure might look small but looking at the size of the population in the country of 1 million people, this is frightening.

## **UGANDA**

### **President Museveni Addresses AIDS Conference**

*EA1706112991 Kampala Radio Uganda Network  
in English 0700 GMT 17 Jun 91*

[Excerpt] President Yoweri Museveni has told the seventh international conference on AIDS in Florence, Italy, that the spread of this disease, especially in developing countries, has been intensified by adverse economic, social, and cultural factors. In a speech delivered at the opening of the six-day conference, President Museveni called for immediate steps to be taken to redress the imbalance in the economic relations between north and south. He said that if this is not done, many more people will die in great numbers in the developing countries.

He said that Africa's problems, including AIDS, have been worsened by the fact of the falling prices of commodities dictated by the unfavorable economic conditions. Mr. Museveni said that when AIDS came on the scene in east and central Africa it landed on fertile ground compared to Europe and North America where the economic situation is not adverse.

President Museveni called for a return to traditional practices of restricting marital sex as one way to stamp out the spread of AIDS, and at the same time expressed his conviction that condoms cannot be the main means of stemming the AIDS tide. Mr. Museveni told the conference that Uganda adopted a multisector strategy to control and fight AIDS. [passage omitted]

## **ZIMBABWE**

### **Health Officials Alarmed at Increase in AIDS Cases**

*MB1105144691 Johannesburg Radio RSA in English  
1100 GMT 11 May 91*

[Text] Zimbabwean health officials are alarmed at the rate of increase in the number of AIDS cases, and HIV infection in the country, despite the public awareness campaign of the past year.

A total of 724 new cases of fully developed AIDS were reported in Zimbabwe during the first three months of this year, bringing the official total to 7,718. However, the Zimbabwean minister of health, Dr. Timothy Stamps, says the actual number of cases is far higher, because many cases are not reported. Dr. Stamps says some calculations show that at least 500,000 Zimbabweans have the HIV virus which usually leads to the development of AIDS.

### Over 700 Cases of AIDS in 1991 First Quarter

91WE0395 Harare THE HERALD in English  
29 Apr 91 pp 1, 7

[Text] At least 724 AIDS cases had been reported throughout the country during the first three months of this year, with the majority of them in the 20 to 39 age group, according to a spokeswoman for the AIDS Counselling Trust (ACT).

The spokeswoman said in an interview yesterday that these figures were frightening and showed that people had not changed their sexual behaviour despite repeated warnings about the dangers of promiscuity.

She said whole families would be decimated by the disease, for which no cure has been found, saying the spectre of industry and commerce losing productive labour was worrying medical experts.

President Mugabe has already warned that the AIDS scourge was now a major public health menace, which he said could only be curbed through self-discipline and demanding commitment from everybody.

During the 12-month period ended December 1990, 5,992 cases of human immuno-deficiency virus (HIV) had been recorded in Zimbabwe.

However, medical experts believe there is a general under-reporting, and that the cases could be much higher than the official figures reflect.

According to the ACT spokeswoman, a total of 139 children between birth and four years had been diagnosed HIV-positive during the first quarter of this year. Of this figure, 79 were male. She said these children probably got infected in the mothers' wombs.

Four cases had been diagnosed in the five to 14-year age group, 214 in the 20 to 29-year age group, 207 in the 30 to 39-year age group, 68 in the 40 to 49-year age group, 29 in the 50 to 59-year age group, seven in the 60-plus age group and 42 were unspecified.

The spokeswoman said AIDS cases by province during the first quarter of this year showed that in Manicaland, 54 had been reported, Mashonaland Central 124, Mashonaland East 51, Mashonaland West 53, Masvingo 34, Matabeleland North 135, Matabeleland South 59, Midlands 63, Bulawayo 108, Chitungwiza 1, Harare 39 and three were unspecified.

She said AIDS cases in Chitungwiza could be much higher, considering the size of the population.

The high number of girls infected in the 14 to 19-year age group showed that girls were starting sexual relations at an early stage, and also reflected the influence of the so-called sugar daddies.

She said the most frightening picture was the prevalence of the disease among the 20 to 39-year age group, which was the most economically active and had reached child bearing age.

Some of the people in this age group might have been infected at birth, as there was a period after infection during which no anti-bodies to the AIDS disease were produced.

As tests detect these anti-bodies, rather than the HIV virus itself, there was no way of confirming infection immediately.

She said because HIV often remained undetected for as long as six or eight years after infection, most people would not even know that they had the virus.

The spokeswoman said her organisation was concerned by the under-reporting of HIV cases by some medical practitioners. This made it difficult for the Ministry of Health and other related organisations to plan control measures.

She said ACT was also concerned that some people, particularly religious sects such as the Vapostori, shunned modern medicine, and resorted to traditional healers who had no professional knowledge about the AIDS disease.

The spokeswoman said with under-reporting, industry and commerce might under-estimate the prevalence and seriousness of the disease.

She said, however, that there was need for the private and public sectors to launch massive education campaigns, and spread as much information as possible about the dangers of promiscuity and the magnitude of the AIDS scourge.

The spokesman said because of the rural-urban migration, and the resultant lowering of moral values, parental guidance in some homes was lacking.

The poverty in rural areas was also forcing girls into prostitution.

The social and financial costs of looking after orphaned children, whose parents would have died of AIDS, would be beyond means of many families.

She said, for example, counsellors in Mutare recently visited 60 orphans, and about 30 widows and widowers, whose loved ones had succumbed to the disease.

Meanwhile, a South African-based group, the African Research and Educational Puppetry Programme, intends to tour Zimbabwe from 23 July to 31 August, to educate people about AIDS.

Their production, "Puppets against AIDS," utilised two-metre-high puppets, local languages and open-air demonstrations.

**AIDS Surveillance in Yunnan Province of China (1986-1990)**

54004806B Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 12 No 2, Apr 91 pp 72-74

[Article by Zhao Shangde [6392 1424 1795], Cheng Hehe [4453 0149 5440, et al.; Yunnan Provincial Hygiene and Epidemic Prevention Station]

[Abstract] Since 1986 a surveillance has been carried out on HIV/AIDS in Yunnan Province. Up to 1990 a total of 13,417 people has been surveyed and 373 HIV-positive cases were found in five areas, of which two AIDS cases were reported to GPA WHO. The persons with HIV were attributed to intravenous drug users (IVDUs) and their wives, most of them came from IVDUs from Dehong Dai Race and Jingpo Race Autonomous Region located in the border between China and Burma. No positive case has been found in prostitutes, STD patients and blood donors.

**More Funds Promised for AIDS Control**

54004807A Beijing CHINA DAILY in English 5 Apr 91 p 3

[Text] An HIV positive case has been detected in Sichuan, an interior province of China, for the first time. The HIV carrier is a man who returned home in early April from a labour export program. His case was confirmed by tests at the China AIDS Inspection Center of the Chinese Academy of Preventive Medical Sciences, the China News Service reported. Up to date, a total of 494 HIV-positive cases, including five AIDS patients, have been reported in China. Eighty-three are foreigners, the rest are mainlanders, with most found in Yunnan, the border province.

**Sichuan Reports First AIDS Case**

91P30146F Chengdu SICHUAN RIBAO in Chinese 12 May 91 p 1

[Summary] On 11 May the Sichuan Provincial Public Health Department reported its first AIDS case. The infected person is a middle-aged man who returned from overseas at the beginning of April. Chinese law stipulates that persons who are overseas for more than one year must be examined by the epidemic prevention station after their return to China. China has reported 493 cases of AIDS, 429 of which were reported in Yunnan Province.

**Sichuan Discovers First AIDS Virus Carrier**

HK1306085191 Beijing ZHONGGUO QINGNIAN BAO in Chinese 16 May 91 p 2

[Report by Zhu Huilun (2612 2585 0243): "First Case of AIDS Virus Carrier Found in Sichuan"]

[Text] The Sichuan Provincial Government Public Health Department reported on 11 May that not long ago, the first case of an AIDS virus carrier was found in Sichuan.

The virus carrier is a middle-aged man. He returned to China from Africa in early April this year after being a laborer according to an overseas labor service contract. After the first AIDS case was found in Beijing in June 1985, 493 AIDS virus carriers have been discovered in 12 provinces and municipalities of our country. Among them, 429 cases were found in Yunnan Province.

**AIDS Case Updates**

54004807B Beijing CHINA DAILY in English 17 May 91 p 3

[Article by Zhu Baoxia: "More Funds Promised for AIDS Control"]

[Text] Leading officials in Yunnan, a frontier province in Southwest China which has reported over 87 percent of China's total number of HIV-positive cases, have promised to increase funding for a program aimed at controlling the spread of AIDS.

The money will be spent to further expand surveillance and publicity among high-risk groups including drug addicts and their family members, prostitutes and patients with venereal diseases. Funds will also be used for scientific research which hopes to find a cure for the disease using traditional Chinese medicines, said He Zhiqiang, governor of Yunnan, in an interview with CHINA DAILY.

He did not give the specific figure for the increase, but he said that over 900,000 yuan (\$180,000) was spent last year for importing necessary instruments and tests and also for launching extensive surveillance and publicity.

So far this year, no new HIV positive cases have been detected in the province, he said.

He said that since 1986 when the province started AIDS surveillance among high-risk groups, 17,012 people have been tested.

A total of 397 Yunnan residents have been found to have contracted the HIV virus, a virus that can lead to the fatal disease of AIDS. Most of those who have been affected are male intravenous drug addicts who were infected through the communal use of contaminated syringes.

Only two women in Yunnan are known to have contracted the HIV virus through sexual transmission.

Of the 397 HIV carriers in Yunnan, 67.5 percent are of the Dai minority nationality, while 17.59 percent are of the Jingpo nationality and 13.57 percent are of the Han nationality.

Over 86.43 percent of the HIV carriers are farmers.

And more than 80 percent of Yunnan's HIV carriers are between the ages of 20 and 39.

Besides increasing the budget for surveillance and testing, the province has also tightened leadership over the program, said the governor.

In December 1989 the province set up a leadership group for the implementation of the AIDS control strategy in Yunnan composed of officials from all concerned departments as well as some medical experts. The group includes a committee of experts who will consult on local policies and conduct scientific research.

So far, eight prefectures and all the counties that reported AIDS carriers have set up offices to study and analyze the disease and work out policies to deal with the various problems.

Some districts such as Ruili County have also created local regulations on AIDS control

And hospitals in districts with people who are HIV positive have all started using disposable syringes in line with the provincial stipulations.

With help from the World Health Organization (WHO), the province recently completed drafting a midterm (1990-1992) program on AIDS control.

WHO has designated Yunnan one of its collaborating centers in China for AIDS control and invited some foreign experts to help train the Chinese staff.



## REGIONAL AFFAIRS

### Study Finds AIDS Under-Reported in South Pacific

*BK1906103091 Hong Kong AFP in English 0936 GMT 19 Jun 91*

[Text] Apia, June 18 (AFP)—Cases of Acquired Immune Deficiency Syndrome (AIDS) in the South Pacific may be as much as 50 times greater than the official figures, a new AIDS bulletin says.

The newly-published Pacific AIDS Alert Bulletin published by the World Health Organisation and the South Pacific Commission (SPC) said that since the first regional case in 1985 the number of cases of full-blown AIDS had increased to 67, with 229 infected with the HIV virus in eight island countries.

However in an editorial, the bulletin said it estimated that the actual number of cases may be 50 times the official figure.

It said the important lesson the Pacific countries should learn from other countries was not to wait until they were directly affected.

SPC Secretary General Atanraoi Baiteke said people should not be ashamed to discuss the sexual aspects of AIDS. "This, I feel, is one of those rare situations when we can justifiably lay aside our traditional constraints and speak openly on such matters," he wrote.

The SPC was offering up to 5,000 U.S. dollars to any nongovernment organisation that wanted to do something about AIDS in the Pacific, the bulletin said, adding that the most successful AIDS programmes in many countries were being funded by nongovernmental organisations.

## BURMA

### AIDS Statistics Show Northern Towns Most Infected

*BK1506094191 Rangoon Radio Burma in Burmese 1330 GMT 14 Jun 91*

[Excerpts] A seminar on finding the causes of the spread of AIDS at townships in the border region and finding preventive measures was held at the meeting room of the Planning and Statistics Department, Ministry of Health, in Theinbyu Road at 0845 this morning.

Major General Khin Nyunt, secretary-1 of the State Law and Order Restoration Council, and chairman of the National Health Committee attended and delivered an address. [passage omitted]

Maj. Gen. Khin Nyunt first welcomed guests attending the seminar and said that today AIDS is little known in Myanmar [Burma] as a potentially dangerous disease. He said the disease is widespread in the United States

and Africa and is considered to be a very dangerous disease. He also quoted that responsible countries and the World Health Organization are giving priority to implementing various preventive and educational activities. Although AIDS is not widespread in Myanmar, the situation could become worse if responsible persons neglect it and it could even effect the national cause in the future. He said AIDS originated in the United States and Africa and has now spread to the Asian countries. Especially in neighboring Thailand, the AIDS rate is high and there are about 80,000 people [figure as heard] who have been found HIV positive, which is considered the first detected sign of AIDS. [passage omitted]

The results obtained from the research groups that carried out activities in cities in Myanmar shows that in Yangon [Rangoon], 68,008 persons were examined and 1,035 persons were found HIV positive (1.5 percent); in Mandalay 2,307 persons were examined and 69 persons were found to be infected (2.9 percent); in Moulmein 53 out of 789 persons examined were infected (6.7 percent); in Mergui 37 persons out of 647 persons examined were found with the virus (5.7 percent); in Kawthaung 1,066 persons were examined and 61 persons were infected (5.7 percent); in Tachilek 70 persons out of 675 persons examined tested positive (10.3 percent); in Keng Tung 49 persons out of 440 persons examined were infected (11.1 percent); in Myitkyina where 220 persons were examined, 146 persons were found to be infected (66.3 percent); in Bhamo 201 persons out of 209 persons examined tested positive (96.1 percent).

According to statistics, there are more HIV positive people in Tachilek, Keng Tung, Myitkyina, and Bhamo. Myitkyina and Bhamo have the highest rate. There is a difference in the discovery of AIDS in the border region, Myitkyina, and Bhamo. The rate of people contracting AIDS is higher in Myitkyina and Bhamo because of infection through hypodermic needles used by drug addicts. In the border towns of Keng Tung and Tachilek, the HIV virus was found mostly in women. [passage omitted]

## INDONESIA

### Twenty-eight Recorded AIDS Cases

*91WE0372C Jakarta KOMPAS in Indonesian 6 May 91 pp 1, 14*

[Text] Bandung (KOMPAS)—Indonesia has 28 recorded AIDS cases, consisting of 26 men and two women. Of these, 14 have tested positive for AIDS, and 14 are seropositive for HIV (human immunodeficiency virus). Twenty-three are Indonesian citizens, and the rest are aliens. Most of the AIDS cases in Indonesia are related to the sexual behavior of the victims. Therefore, the spread of AIDS in Indonesia must be stopped as early as possible.



Dr. Rachmat Sumantri, a disease specialist at the UNPAD [Pajajaran University] Medical Faculty, disclosed this on Saturday [4 May] in Bandung at a one-day seminar on "What You Need To Know About AIDS." He said that the effort to prevent the spread of AIDS in Indonesia consists of dissemination of good information on how the disease is transmitted and develops and how it can be prevented.

He added that AIDS has a current death rate of 100 percent within five years after diagnosis and that no truly effective medicine or vaccine has been discovered. A WHO report says that an estimated 20 million people are HIV carriers who have no symptoms of the disease. They are the ones who spread AIDS.

An AIDS explosion in Asia will be difficult to stop, according to Dr. Rachmat. One reason is the drastic change taking place in sexual values and norms as a result of progress in tourism in the Asian region. As an example, he pointed out that one ASEAN country which had discovered only 55 AIDS cases in 1989 has found more than 5,000 cases this year.

#### Iceberg Phenomenon

He said the spectrum of disorders caused by the AIDS virus is like the iceberg phenomenon. The number of patients testing positive for AIDS is relatively small, but if combined with the high-risk group made up of HIV carriers, the total becomes very great. To prevent the transmission and spread of AIDS in Indonesia, the public needs to understand clearly that AIDS can be transmitted in ways other than sexual relations: blood transfusions, use of contaminated hypodermic needles, and transmission from mothers who are AIDS carriers to their babies, whether before or after birth.

Another speaker in the seminar, Dr. Wibisono Suwarno, head of the West Java Health Laboratory, said the incidence of HIV in Indonesia is still low. Examination of high-risk groups, namely prostitutes and homosexuals, has found only 18 seropositive HIV carriers. As of December 1990, nine AIDS victims had died in Indonesia.

The low incidence of AIDS in Indonesia must not cause us to relax our vigilance, since advances in international communications and transportation facilitate the transmission of HIV infection. Indonesia represents a channel for the spread of AIDS in the Asian-Pacific region. AIDS is spread primarily by homosexuals and secondarily through blood transfusions.

The Department of Health's efforts toward prevention of AIDS in Indonesia are still limited to monitoring and HIV serological surveys in high-risk areas like Bali. Organized, single-area AIDS monitoring, called "sentinel surveillance," will be conducted in Bali because of its status as a tourist gateway. Obstacles to this effort are admitted to be very great, since the AIDS problem is closely related to sexual behavior.

## SOUTH KOREA

### Two Boys Receive AIDS Through Blood Transfusion

SK2206024091 Seoul YONHAP in English 0121 GMT  
22 Jun 91

[Text] Seoul, June 22 (YONHAP)—Two South Korean boys who were given transfusions of AIDS [Acquired Immunodeficiency Syndrome]-infected blood in 1989 have tested HIV positive, the Health and Social Affairs Ministry said Saturday.

It is the second time the AIDS virus has been transmitted by a blood transfusion in Korea since 1989. A 46-year-old housewife has also tested HIV positive.

The blood the two boys, aged nine and 17, received during operations was donated to the Korea National Red Cross in October 1989 by a 30-year-old presumed homosexual, the ministry said. His blood was tested and found negative because AIDS antibodies had not yet formed.

When he donated blood for a second time this April he tested positive and the National Institute of Health confirmed that he was a carrier of the AIDS virus and traced his blood donation to the two boys.

The number of HIV positive Koreans is now 148.

### Three More AIDS Cases Identified in June

SK0207064591 Seoul YONHAP in English 0604 GMT  
2 Jul 91

[Text] Seoul, July 2 (YONHAP)—Three people were identified as HIV [human immunodeficiency virus] positive in June, meaning they have the virus that causes AIDS [acquired immunodeficiency syndrome], the Health and Social Affairs Ministry said Tuesday.

Two got the AIDS virus from transfusions with infected blood and the third was infected abroad through unsafe sex, it said.

The figure brought the total number of AIDS-infected people in South Korea to 149, of whom 12 have died, one has emigrated and 136 are under government control.

## MALAYSIA

### Most of 200 AIDS Victims in Terengganu Drug Addicts

BK0706155491 Kuala Lumpur NEW STRAITS TIMES  
in English 6 Jun 91 p 7

[Excerpt] Kuala Terengganu, Wed.—Most of the 200 AIDS victims identified in the state are dadah [drug] addicts, out of which 40 are inmates undergoing reform programmes at a dadah rehabilitation centre.

State Health and Medical Services Department Director Dr. Abdul Aziz Mahmud said the inmates were found to be suffering from AIDS while serving their rehabilitation period at the pusat serenti [rehabilitation center] in Kampung Raja, Besut.

"They are now being treated for AIDS at the centre. Most of them are hard-core addicts who shared needles with other addicts to administer drugs in their bodies."

He added that the rest of the victims were being treated at the Kuala Terengganu General Hospital here. [passage omitted]

## THAILAND

### Bangkok Health Official on IV Drug Use, AIDS

91WE0337C Bangkok DAO SIAM in Thai  
21 Mar 91 p 15

[Excerpts] [passage omitted] Dr. Suphak Wanichaseni, the director of the Drug Addiction Control and Rehabilitation Division, Department of Health, Bangkok, discussed the results of the blood tests. [passage omitted]

She said that a Ministry of Public Health report on AIDS stated that in the first years, those with full-blown cases of AIDS were homosexuals and people who had received a blood transfusion or who had been operated on abroad. Later on, prostitutes and drug addicts began contracting this disease. But only a small number of drug addicts have contracted the disease, because they have been able to change their behavior. That is, they have been able to keep from spreading or contracting AIDS by not sharing needles. Today, more and more men who use the services of prostitutes are contracting AIDS. The number of these people with AIDS has increased rapidly during the past two years. "The time has come for men to help stop or reduce the spread of this disease in order to protect themselves and their families. They can do this by not using the services of a prostitute or by reducing the number of times that they visit a prostitute. To protect themselves, they should use a condom every time," said Dr. Suphak in conclusion.

### Lampang AIDS Risk Groups, Trends

91WE0337A Bangkok NAE0 NA in Thai 3 Apr 91 p 3

[Excerpts] On 2 April, Dr. Nopphadon Sombun, a public health official in Lampang Province, revealed that statistics to the end of March show that the number of people with AIDS in Lampang Province has increased to 1,135, an increase of 73 people since February. Of these one has died.

Dr. Nopphadon said that of the people with AIDS, 536 are prostitutes, 472 are men who used the services of prostitutes, 87 are intravenous drug users, five are homosexuals, 28 are prisoners, 29 are housewives, one is an infant who contracted the disease from his mother, and 22 are people who contracted the disease from an unknown source. [passage omitted]

This shows that the number of people with full-blown cases of AIDS will certainly increase. However, provincial public health officials are making a great effort to solve this problem.

## VIETNAM

### AIDS Department Set Up To Prevent Spread of Disease

BK1906142691 Hanoi VNA in English 1353 GMT  
19 Jun 91

[Text] Hanoi VNA June 19—Although so far only one woman has tested positive with HIV virus, great efforts are being deployed to prevent AIDS in the country especially in Ho Chi Minh City.

With assistance from the World Health Organisation and the Paris Pasteur Institute, the tropical diseases centre in the city has set up an AIDS department including an AIDS laboratory and a consultancy room. The lab has since December 1990 conducted blood tests on 800 people of high-risk groups. A test takes an average of three hours.

According to Mrs. Truong Xuan Lien, head of the AIDS department, there should be more funds to publicize preventive measures about the disease as well as to modernize equipment for AIDS detection.

## BULGARIA

### Health Ministry Announces Extent of AIDS Problem

*AU1806111391 Sofia DUMA in Bulgarian  
14 Jun 91 p 1*

[DUMA PRESS report: "94 People Have AIDS in Bulgaria"]

[Text] In the beginning of June, there were 94 carriers of the AIDS virus in Bulgaria. This number includes 7 people who have already died from the virus, specialists from the Health Ministry announced.

According to information from the World Health Organization, AIDS tests are required when travelling or staying for different lengths of time in Cyprus, Egypt, Finland, India, Iraq, Libya, Kuwait, New Zealand, Pakistan, Poland, and the USSR, or under other circumstances.

AIDS tests on pregnant women in Bulgaria will only be done on those wishing to give birth to their baby.

### AIDS Foundation Endangered; AIDS Statistics Cited

*AU0307164591 Sofia BTA in English  
1549 GMT 3 Jul 91*

["No AIDS National Foundation on Verge of Bankruptcy"—BTA headline]

[Text] Sofia, July 3 (BTA)—The No AIDS National Foundation, the first of its kind in Bulgaria, is in danger of bankruptcy after a star-studded charity concert proved a financial disaster.

The concert on July 1, staged at Bulgaria's largest stadium in Sofia, drew only 3,000 people while the foundation expected no less than 50,000 to turn up. It cost nearly 100,000 dollars to organise the concert, starring Technotronic, Boney M and Sandra, while the box-office takings, which were to be spent on the joint programme with the Paris-based Louis Pasteur Institute, fell far short of expectations.

According to Mr. Dimitur Dukov, president of the No AIDS Foundation, the concert flopped because of the driving rain, which had been pouring over Sofia for three days. The other cause was the fact that Bulgarians are not used to charity shows.

The AIDS problem in this country is assuming dangerous proportions while the state and the general public remain somewhat indifferent to it. According to official statistics, Bulgaria has 96 registered HIV carriers, eleven of whom have developed the full-blown symptoms of the disease and seven have died. However, experts put the number of HIV-infected people at 1,000 to 5,000 and warn of a real danger of a snowballing AIDS epidemic.

According to the No AIDS Foundation, Bulgarians have an incredibly low sex culture. Health care is in a deplorable condition. Specialized laboratories rely on the foundation to provide funds for purchasing AIDS tests. But the No AIDS Foundation believes that the government and most of the general public, preoccupied by political and economic changes, ignore the gravity of the problem.

The Louis Pasteur Institute expressed its readiness to help Bulgaria set up a local free test centre with guaranteed confidentiality of the results because the existing centres do not observe it.

Faced with inevitable bankruptcy, the No AIDS Foundation appeals for help, even if it is only an extended friendly hand.

The foundation can be reached at the following address:

No AIDS Foundation

Tel/Fax 66 51 37

2 Bisur St., 15th floor

Sofia, Bulgaria.

## CZECHOSLOVAKIA

### Health Ministry Reports 25 AIDS Cases

*AU0107134391 Prague CTK in English  
1353 GMT 27 Jun 91*

[Text] Prague June 27 (CTK)—Twenty-two cases of AIDS in the Czech Republic were registered at the end of May 1991, Jaroslav Kriz of the Czech Health Ministry told a press conference today.

One of the 22 persons with AIDS was a female foreign student no longer residing in Czechoslovakia. Nineteen of the 21 Czechoslovak citizens were homosexual men, one was a hemophiliac and it is not yet clear how the remaining man came into contact with the AIDS virus, Kriz said. Thirteen of those 21 have already died.

An additional 155 persons, including 64 foreigners, have tested positive for the AIDS virus, but have not yet developed the acquired immune deficiency syndrome, commonly known as AIDS. Among the 91 HIV-positive Czechoslovak citizens, 53 are homosexuals and 29 received blood or a blood derivative before blood began to be tested for presence of the AIDS virus.

According to similar data, three persons with AIDS and 21 HIV-positive persons have been registered in Slovakia, which has a population approximately one-half that of the Czech Republic.

## POLAND

**AIDS Patients, HIV Carriers in Detention**

91WE0357A Warsaw *POLITYKA* in Polish No 19,  
11 May 91 p 7

[Article by Grazyna Kadro and Tomasz Trabuc: "First Hand: AIDS in Prison"]

[Text] The wave of articles about AIDS in Polish prisons and the monstrous pictures they evoke have created renewed interest in this subject.

The first difficulty that journalists encounter in gathering information is in determining the exact number of AIDS patients and HIV carriers in Polish prisons. Tadeusz Kolarczyk, who heads the Department of Health of the CZZK [Central Administration of Penal Institutions], would seem to be the most reliable source of information on the subject. He places the figure at 105 patients and carriers, including 46 sentenced and 59 temporarily detained (data from the end of February, 1991). At on-the-job training for prison employees set up in Popowo in March, 1991, however, the figure was set at 180, which is nearly twice the given figure.

Of course, neither figure is exact, because the CZZK does not think that all the people entering prison need to be tested. Physicians are of the same opinion. The high costs of the tests are an obstacle—this despite the fact that the Ministry of Health and Social Welfare covers them—and the procedure is a complicated one. Therefore, testing is done only on drug addicts, those known to be homosexuals, and those people who themselves wish to be tested, in view of a possible lighter sentence if they are diagnosed with the disease or found to be carriers.

The latest health department statistics show that there are 1,480 carriers of the HIV virus and 50 people with AIDS out of the 4 million Poles that have been tested. Thirty of them have already died. The latest victim of this terrible disease was a young bisexual from Warsaw, but experts on the matter say that the statistics on carriers reflect only about one percent of the true situation, because there may even be 100,000.

It is also alarming to look at these prisoners against the backdrop of these statistics, which would seem indicate that about one HIV carrier in ten winds up behind bars. They can count on far greater care and understanding, because in the prisons the epidemic of fear and intolerance has already passed. Not a single Prison Service employee has refused to work out of fear of AIDS.

The first detection of an HIV carrier in prison was in 1988. This convicted drug addict was admitted to a special section at the penal institution in Sluzewiec. In 1989 two convicted drug addicts were referred for detoxification. After the tests were repeated, they were found to have been infected. New people began to come in during the next few months.

In March and April, 1990, hospital departments were set up in penal institutions for clinical cases in Gdansk, Poznan, and Warsaw. Sections for HIV carriers were created in some institutions. All that is lacking is a place to temporarily detain those HIV carriers who have been arrested.

We need to add a new category to the list of self-inflicted injuries peculiar to confinement, shooting up with contaminated blood. At last reports, a cubic centimeter cost between 300,000 and 400,000 zlotys. Prisoners imagined that confirmation of HIV infection or illness would be their ticket to freedom. They were counting on paralyzing fear on the part of the prison staff, who would be eager to rid themselves quickly of those stricken by the "plague," but nothing of the sort happened. No carrier's sentence was interrupted, and, as Tadeusz Kolarczyk emphasizes, irresponsible articles on the subject only caused unnecessary hope among those afflicted.

Drug addicts represent the largest group of prisoners who are carriers of the HIV virus. Two special sections have been set aside for them. They are separated nearly entirely from the rest of the prison. They are like islands for the "condemned." They do not see other prisoners, only those who bring them food.

In Sluzewiec it is freer than in Lodz, though. This part of the penal institution operates as an open department. The cells are open, and the prisoners can move about freely. There is a dark room, a carpentry workshop, and a small greenhouse, where the prisoners raise vegetables. This is especially valuable, because although they are entitled to special dietary privileges, these are limited to an additional glass of milk and an egg. Working in the greenhouse also gives them something to do. There is 100-percent unemployment among the HIV carriers. They used to put the ink chamber inserts into ballpoint pens. Once jobs became scarce, they were the first to feel the effects. There are cells to be painted and simple upkeep jobs to be done, but not often. Boredom prevails in the confinement sections.

The drama of the AIDS patients and HIV carriers continues as well, perhaps even mainly, once the prisoners leave. They usually do not have anywhere to go. They have been rejected by their families and friends. They do not have jobs. Any return to the drug culture means losing what they gained inside, the chance to make a break with drugs, but there are few institutions eager to help them. They are sentenced to a slow death, without friends, a job, long-range prospects, or hope.

The Drug Independence Clinic on Dzielna Street in Warsaw is trying somehow to fill this gap in institutional shortcomings, but it is all too little. Nobody helps with housing, a job, long-term help, or what is most needed. Only a handful of people can live at the Ministry of Health's Readaptation Center in Konstantin. Fr. Arkadiusz Nowak, who heads the facility, would be glad to accept everyone, but he only has room for ten people.

There may be room for those most in need, if branches of the facility can be created. For the time being, they can only wait in hope.

## ROMANIA

### Update on Colentina Hospital AIDS Ward

91WE0365A Copenhagen BERLINGSKE AFTEN  
in Danish 10 May 91 p 7

[Article by freelance journalist David Sears: "Colentina's Forgotten Wards"]

[Text] "Well, so you are a journalist? And what have you then come to write about?"

Dr. Mariana Mardarescu's tone is challenging. Journalists from all corners of the world have been snooping around the Colentina Hospital for twelve months now in order to retell the story about the unhappy, young faces behind bars in ancient steel cots in the wards for AIDS-stricken children. She understands very well the task of the journalists. She is aware of the fact that it furthers the cleanup process, that the closed door policy is being suspended, at least for a while.

During the twelve months that have gone by since the most brutal communist regime of Europe was overthrown in a bloody revolution, no journalist or photographer has been forbidden entry to the hospital, she says. All have been well received. However, like many other Romanian officials, Dr. Mardarescu has clearly been hardened by the constantly inquisitive snooping around, which seems to lead to a somehow negative press coverage, a worldwide pity. She is alarmed, skeptical, direct. She now wants to know the reason for it.

At the Colentina Hospital, Dr. Mardarescu is deputy chief of the wards treating patients with virus diseases, such as scarlet fever, German measles, meningitis, chronic diarrhea and hepatitis. Her wards also treat approximately eighty very young patients with AIDS. Dr. Mardarescu, who is a pediatrician, is very much aware that this small fraction of the hospital's patients has attracted global interest in the one-thousand-bed hospital—just as AIDS among children has become a symbol of the sad state of the entire nation.

Romanian officials are in agreement that the global interest in the country's AIDS tragedy among children is largely due to the army of journalists who have lately been tramping through the country's notorious children's homes and hospitals. While the international attention has often proved unpleasant and, in the opinion of many, unjust, the public attention that has been focusing on the extremely large number of AIDS cases among children has resulted in the flow of an enormous amount of equipment and humanitarian aid into Romania, and much of it has been earmarked for "the AIDS infants."

### Hepatitis B

However, most of the aid focuses narrowly on AIDS among children to the exclusion of other, often curable diseases. The virus that is overtaking the AIDS virus (HIV) in Romania is the most dangerous of several hepatitis viruses, that is, hepatitis B (HBV), which may cause infection in, and destruction of, the liver. The World Health Organization regards Romania as one of the world's "hot spots" of the virus, which spreads via the same channels of infection as HIV.

Generally, HBV is not regarded as constituting the same mortality risk to the public health as HIV. More than three hundred million people are infected with HBV, especially in Africa, Southeast Asia and Central America, although hepatitis B is not unknown in the industrialized countries. Only one out of ten persons infected with the virus are "chronic carriers of the virus," who constitute a health risk to others or themselves run a risk of cirrhosis of the liver, cancer of the liver or failure of the liver; the other nine may lead largely normal lives, in which the virus is repressed by the body's immune system or disappears from the body entirely.

Although it is not in itself a mortal disease, two million people globally die each year of the consequences of the virus.

However, the very number of infected persons in a country of twenty-three million inhabitants makes hepatitis the "major health problem in Romania," according to Dr. Vincent Babes of the State Virology Institute in Bucharest. "It is the major cause of death, to a far greater extent than AIDS."

In cooperation with the French organizations Medecins Sans Frontieres and Epicentre, Dr. Babes has undertaken studies of the frequency of the incident of hepatitis B throughout Romania. The results so far are astonishing. Forty percent of all children have incurred HBV; in the case of children living in children's homes, the figure is approximately fifty-five percent; fifty percent of Romania's children below the age of five are infected with the hepatitis B virus.

Forty-seven percent of adults have HBV; one out of ten adults is a chronic carrier of the virus. Nearly eight percent of the country's pregnant women are also infected and are expected to transmit the virus at birth. Dr. Babes goes on to say that sixty-eight percent of all employees within the health sector in Romania are infected with HBV and fifty-seven percent of the physicians. Similar studies, undertaken by the World Health Organization and the American Center for Disease Control, not only confirm Dr. Babes' terrible figures but may make them look optimistic. Results of more technically advanced blood test procedures than those available to Dr. Babes show that ninety percent of the children in children's homes may have HBV, says a spokesman for the World Health Organization. A definitive report of

the World Health Organization and the Center for Disease Control is expected to be available in the spring.

### True and Untrue Statistics

Dr. Mardarescu admits that she has not heard Dr. Babes' figures before, and although she does not dispute them, she feels disinclined to accept them as a matter of course. Actually, she finds no use for the statistics. Under the Ceaucescu regime, she says, AIDS was officially a "forbidden disease"; the country's infant mortality figures were, for many reasons, so high that births were not even registered until the infants were three months old; although factors in conjunction with malnutrition and pneumonia were the major causes of death among elderly Romanians, "heart failure" was, invariably, recorded as the cause of death.

"There is true statistics, and there is untrue statistics," Dr. Mardarescu says admonishingly, "and that is the reason why I question your statistics." HBV "is definitely in the nature of an epidemic in the children's homes," she admits, and, by and large, all of the young AIDS patients of the Colentina Hospital are also infected with the hepatitis virus. The hepatitis problem has been further aggravated by the lack of vaccine; she points out that although vaccine cannot help those who are already infected, it could protect future generations. "Is it really hepatitis that you want to know about?" Dr. Mardarescu asks surprised—and aggressively. Even if hepatitis is a disease that rages at all levels of the Romanian society and is known as the major cause of death, Dr. Mardarescu appears unable to understand why it would be an interesting topic at all. She puts up with trivial questions for a few minutes and then suddenly asks whether the journalist would like to see something "interesting."

At the Colentina Hospital, the most conspicuous recipients of western aid are the most visible victims of Ceaucescu's psychosis. In the newly renovated children's ward for AIDS patients, the children's cots are standing close to one another in bright, high-ceilinged rooms, which are newly painted in gaudy colors, and where several radiators ensure that the temperature reaches levels of around fourteen degrees Celsius. However, on account of the large area and a severe Romanian winter, with outside temperatures dropping as low as to minus twenty degrees Celsius, the "ideal" room temperature is only reached in the spring. Until then they have to make do with an "adequate" room temperature. "Adequate" is, of course, far better than what the children experienced twelve months ago, or what the Romanian health sector has been living with for years. Today nurses and nursing assistants from the British aid organization Health Aid, which grants aid to Romanian physicians and other personnel within the health sector, may draw on stocks of medications, equipment and other supplies in their treatment of their young proteges. With well-equipped playrooms and lots of toys, the AIDS children at the Colentina Hospital, with the exception of a few heart-rending exceptions, look energetic and happy. Like normal children, in every respect.

"Look at their bellies," Dr. Mardarescu remarks, while pointing to the swollen, revealing symptoms of the hepatitis B virus, which causes infection of the liver and finally destroys it. It is her discreet way of pointing out that the children are dying, each and everyone of them.

"Come," she says abruptly, marching determinedly through double doors, right across the central entrance hall of the building, through still another set of doors and into an entirely different world.

It is darker in the other wards for infectious diseases of the Colentina Hospital. There are no newly painted walls—no colors at all, only shades of cool grey in the winter light from the high windows. During the night, the pale light from a few naked low-watt light bulbs, suspended from the ceiling of some of the rooms, ensures the intrusion of complete darkness from the long hallways. The temperature has also dropped considerably. The slightly cool temperature of the AIDS wards has been replaced by a cold which chills you to the bone, and which, like a virus, does not let go of you. The best thing to do is to learn to live with it.

Strangely enough, there are nearly as many adults as children walking around the hallways, although these wards are children's wards. A woman, carrying a child, greets Dr. Mardarescu with a big smile; an elderly babushka, wrapped in layers of cotton and thin wool, is carrying a swaddled little boy, and the eyes of both brighten at the sight of the physician. She stops to talk to another woman, who is wearing a threadbare hospital bathrobe over layers of indescribable clothing; although it is impossible to distinguish her from the patients, she is, in fact, a nurse.

The daytime temperature in the hallways is eleven degrees Celsius, says Mariana, the nurse. Radiators connected to the central heating system of the building actually prevent the rooms from freezing up, but seem best suited for the slow drying of clothing. However, on entering a few of the rooms, one encounters an unexpectedly fierce heat. Small portable electric heaters lie on the floor, their red-hot coils exposed. "They take their portable heaters along with them from home, there is no other heating here," says Dr. Mardarescu with a sidelong glance.

A girl of about twelve accompanies the physician on her rounds. It is obvious that she admires the woman and is anxiously looking forward to the daily routine. With a bright smile to everybody, she walks around, from room to room, like a popular girl strolling down the hallways of her school. Catching the attention of a small boy while the physician performs a quick examination, she is in her right element.

"Chronic diarrhea, no change," says Dr. Mardarescu. "He is not getting any better." Another weak three-year-old child, swaddled from head to foot, is lying, looking pitiful, in a small cradle without noticing that the girl is gently stroking his head. An ugly rash covers his stomach and thighs: measles. The boy screams in



delirium, kicking off his cotton cover. There are no ointments nor any other medications to relieve some of the discomfort, she says—not in this ward.

Actually, the truckloads of relief equipment, arriving at the hospital during the last few years, have gone to the children on the other side of the entrance hall, and only to them. The non-AIDS children of the Cortina Hospital have not got anything. There are few new blankets, portable heaters or electric bulbs for sharing, and even fewer medications or pieces of medical equipment. The children's toys consist of empty bottles or syringes; there are no videos with children's songs, nor a playroom full of sparkling plastic toys for their entertainment.

Dr. Mardarescu's barely concealed indignation reflects partly her wounded professional pride, partly jealousy. "There is paint, there is warm clothing, there are radiators for the AIDS children, but, for all the others, there is nothing, because they are "normal." "Normal" stands for children with diseases that are curable, children who are not necessarily dying. She is also very concerned about her own personnel, most of whom have been working at the hospital for years, earning extremely low wages. Many are bitter about the relative abundance—and apparent arrogance of the British nurses working in the AIDS wards.

#### Survival Shelter

However, Dr. Mardarescu's tour of the wards reveals a source of optimism in the darker wards of the Colentina Hospital. In an environment where the nurse is impossible to distinguish from the patient, the recovery process assumes different proportions. Patients leave their beds to gather under the naked electric bulbs; they gossip, drop in en masse to visit the disabled, assist in feeding

and washing each other's children. A healthy mother is staying in the ward to look after her child; a family, all members of which are infected, share a room; a young orphaned girl consoles a lonely child that is crying.

Consider the so-called normal ward a survival shelter, built under circumstances of common suffering by people who are tied to one another by common privations. Without any of the material advantages, patients and personnel manage on what little they have; they share their burdens; the provisional society is clean and orderly—and despite the misery, one feels that human kindness thrives in the wards. And that is the only thing lacking in the AIDS wards.

### YUGOSLAVIA

#### Over 200 AIDS Cases Registered, 118 Dead

*LD0207175491 Belgrade TANJUG in English  
1434 GMT 2 Jul 91*

[Text] Belgrade, July 2 (TANJUG)—According to the figures provided by the Federal Public Health Institute, 211 people in Yugoslavia have so far developed AIDS symptoms, and 118 have died.

In the first six months of this year, 37 new AIDS cases were registered in Yugoslavia, as against 30 in the corresponding period of last year.

The largest number of AIDS patients has been registered in Serbia—140, followed by Croatia with 34, Slovenia with 14, Bosnia-Herzegovina with nine, Macedonia with three and Montenegro with one.

Among the officially registered AIDS patients in Yugoslavia, ten are foreign nationals.



**BARBADOS****Committee Chairman on Number of AIDS Cases, AZT***FL2706170791 Bridgetown CANA in English  
1604 GMT 27 Jun 91*

[Text] Bridgetown, Barbados, June 27, CANA—A proposal is before the Barbados Government to make the drug AZT available through a national drug service to persons with AIDS. The drug, under the scheme which makes medicines available to nationals free or at reduced fees, would cost the government between 5,500 and 9,200 dollars (one Bds dollar = 50 U.S. cents) per person, said Professor Mickey Walrond, chairman of the National Advisory Committee on AIDS. Walrond who was speaking to newsmen as he launched a new series of AIDS prevention messages for television and print media, said AZT is now available to those Barbadians who can afford it.

He said last year there were 60 cases of AIDS, a disease which destroys the body's immune system making it vulnerable to even minor infections. The total number of known AIDS cases to the end of 1990 was 192. Walrond estimated the number of carriers of the Human Immuno Deficiency Virus (HIV) which causes AIDS at between 300 and 500.

Walrond calculated that by 1995 the total number of AIDS cases will be 580 with "200 alive at any one time." "They are infected already," he said explaining that with the incubation period of five and more years, the new cases would then not be accounted for.

The University of the West Indies professor said Caribbean medical personnel had not made tests of the controversial blood-based drug Kemron, heralded by Kenyan doctors as a cure for AIDS.

"We're not satisfied that clinical trials in Kenya were sufficiently conclusive," he said adding that there was no Caribbean trial partly because of a legal dispute between Kenya and the manufacturers of Kemron.

AIDS treatment in the Caribbean has largely been confined to the manifested illness of the patient, which in most cases is pneumonia which doctors have found responds well to a common anti-biotic, Walrond said.

"There is not as much of the cancers as seen in other places," he reported.

Walrond said AIDS research in the Caribbean has largely been on "knowledge and behaviour."

"It is largely into.... the scope of the epidemic and interventions and how people behave. I am not aware of any formal clinical research although patients are being treated," he remarked. He said there was some research in the Bahamas on one new experimental drug which is "very toxic."

In 1990, the number of reported AIDS cases in the English-speaking Caribbean including the Bahamas and Bermuda coupled with Suriname, was 1,869, according to the Caribbean Epidemiology Centre in Trinidad.

**BRAZIL****Health Ministry Reports AIDS Figures***PY2806010991 Rio de Janeiro Rede Globo Television  
in Portuguese 2300 GMT 25 Jun 91*

[Summary] A report issued by the Health Ministry on 25 June shows that, to March, almost 18,200 AIDS cases have been detected all over the country.

**JAMAICA****AIDS Cases Total 225; Attitudes Show Little Change***FL0706014891 Bridgetown CANA in English  
2014 GMT 6 Jun 91*

[Text] Kingston, Jamaica, June 6, CANA—Jamaican health authorities are concerned that, despite their continuing public warnings about the dangers of unsafe sex and the increasing number of AIDS (Acquired Immune Deficiency Syndrome) cases here, there is little indication that people have substantially changed their sexual habits. The concern was expressed Wednesday by Dr. Peter Figueroa, director of the National AIDS/Sexually Transmitted Diseases (STD) Control Programme of the Ministry of Health, at the launching of a community drama project on AIDS and other STDs.

He said that 17 more Jamaicans, including young babies and a 60-year-old man, had been infected with the deadly AIDS virus during the months of March and April. This brought the number of AIDS-infected persons here to 225. There is no known cure for AIDS, which destroys the body's ability to fight off disease.

A statement from Dr. Figueroa's office indicated that there was a higher number of teenagers who maintained that the disease had no relevance to their lives. A recent survey revealed that many teenagers interviewed said they felt it was "mainly licky licky (freeness-mentality) people going to get AIDS". They also felt that it was people of the lower class, prostitutes, and people who were always greedy for money who would become infected. They expressed the view that "if you don't catch it already, you won't catch it again".

Dr. Figueroa pointed to the need for the population to recognise the reality of the problem and how it could affect them. He said the society needed to face and address the problem as well as remove the stigma attached to AIDS victims. The drama project involves performances by students of the Jamaica School of Drama in ten communities and aims to stimulate discussion on AIDS problems and solutions. It also seeks to

inform groups about ways of controlling the spread of the HIV virus, which causes AIDS.

### PARAGUAY

#### Officials Confirm 106 People Infected With AIDS

PY2205212091 Asuncion NOTICIAS in Spanish  
21 May 91 p 30

[Excerpt] According to an official report, a total of 106 people are infected with AIDS. Of 26 patients who came down with the disease, only two are alive; the rest died. A laboratory network is currently being implemented.

Health authorities have admitted that 10 new cases were discovered during the first four months of 1991. The "rose pestilence" [peste rosa] is on the increase in the face of an indifferent population. Despite the efforts in the area of prevention, there have been few positive results. [passage omitted]

### ST. VINCENT & THE GRENADINES

#### Health Official Calls for Improved AIDS Monitoring

FL1106145391 Bridgetown CANA in English  
1430 GMT 11 Jun 91

[Text] Kingstown, St. Vincent, June 11, CANA—A Vincentian medical doctor is calling for a more useful

monitoring system for the spread in St. Vincent and the Grenadines of the deadly HIV virus that causes.

Ann Eustace, who heads the local office of the Washington-based health agency AIDSCOM, says that because there is no trained epidemiologist in the Health Ministry here and record-keeping methods are haphazard, information on the spread of the HIV virus and AIDS may not be very accurate.

"What we need to have is prevalence rate, which is to say you randomly sample different populations to find out what is happening with the infection rate," she explained.

Dr. Eustace said the use of AIDS cases is an imperfect indicator and records kept on blood donors and antenatal mothers "don't go far enough." Health officials here reported 67 persons had tested HIV positive up to 30 April, and there were four surviving AIDS victims.

Dr. Eustace said according to the available data, AIDS awareness programmes seem to be having a positive impact here. The local AIDS action committee, one of several interest groups involved in the fight against the disease, will begin its annual pre-carnival AIDS campaign on 24 June, Dr. Eustace said. Focussing on safe sex, the programme will have as its theme—"Don't Take Chances."

## REGIONAL AFFAIRS

**Efforts To Combat AIDS Differ in Algeria, Morocco**

91WE0369A Paris LE MONDE in French  
23 May 91 p 16

[Article by special correspondent Jean-Yves Nau: "North Africa Tried by AIDS"; first paragraph is LE MONDE introduction]

[Text] North African countries are no longer untouched by the epidemic, and their prevention drives may bring them into conflict with Islamist circles.

"Contrary to what is widely believed, North Africa is no longer at the beginning stages of the AIDS epidemic. It is clear that the number of cases in Morocco, Tunisia, and Algeria is going to rise spectacularly." For Professor Abdallah Benslimane, director of the Moroccan Pasteur Institute and president of the African AIDS Society, there is no longer the slightest doubt. The AIDS epidemic, which appeared in North Africa later than it did in central Africa, Europe, or the United States, has been a dramatic reality for North African countries for the last several years. A first symposium has just been devoted to it in Algiers<sup>1</sup>.

Because no reliable figures exist for Libya and Mauritania, only the epidemiological data of Morocco, Tunisia, and Algeria count. Each of those countries officially reports between 70 and 80 declared cases and between 100 and 200 infected persons. All indications are, however, that these data—at least as far as the seropositive figures are concerned—are underestimated since they are taken essentially from virus tests run on only a portion of the donated blood.

The virus is believed to have appeared in North Africa in the mid-eighties, apparently brought over chiefly from European countries (especially France). In practice, the return of North African workers or young French-born Arabs to their countries of origin already constitutes a undeniable risk of spreading the virus. In Algeria, the first two cases of AIDS were diagnosed in 1986 in individuals who had been hospitalized and transfused in France.

Overall epidemiological data are about the same within North Africa. Yet differences among countries exist. According to Professor Benslimane in Morocco, most cases are sexually transmitted, while in Algeria blood-contamination still seems to be the predominant route. Although Moroccan health officials are reassured about the serological status of their hemophiliacs (since no coagulating factors were imported, no hemophiliacs are infected), they are worried about the persistence of the "sexual tourism—homo and hetero" of Marrakesh and Agadir.

Algeria seems less concerned about this modern form of prostitution. On the other hand, one of its main problems is detecting infected blood donors. "Only half a dozen of the 130 Algerian blood donation centers had blood-monitoring capabilities at the beginning of 1990. So we can wonder by what coefficient the official seropositivity figures should be multiplied," muses Mustapha Khiati from Algeria. "Specialists believe that, for every person who is recognized as seropositive, the actual number is 100."

Until now, the market for immunological kits limited to only about 250,000 the number of HIV-detection tests that could be run annually throughout Algeria. However, Algerian authorities have taken the necessary measures to ensure that all blood transfusions in the country are safe from the risk of infection by the AIDS virus. But that is only a piecemeal measure, which cannot in itself constitute a real AIDS prevention policy. As it happens, progress in prevention is beginning to be made.

**Disagreements on Condoms**

Here too, situations are far from similar. In Morocco, specialized associative sectors working in close collaboration with the national anti-AIDS program have developed. "In this country, we talk about the risks associated with sexual transmission of the disease," explains Professor Benslimane, "and we are not afraid to advertise condoms on the radio."

Things have not yet gotten that far in the other North African countries. In Algeria in particular, preventive messages are a long way from emphasizing the importance of using condoms. On the contrary, the discussion is limited to general, popularized information on how the virus is transmitted. Compared to the preventive drives of certain black African countries or the industrialized nations, condoms are mentioned only anecdotally. Yet the programs undertaken in North Africa do not deserve to be caricatured, insofar as health professionals are striving, above all, to find a common ground with existing forces.

The prevailing logic is to reach a compromise with the religious authorities. "AIDS prevention is a social problem more than a political issue," says Professor Benslimane, for example. "Everyone must contribute to the fight, with the clerics taking part in their own way. We will undoubtedly disagree on the priority that should be given to condom use and to chastity or faithfulness. However, it is important that the religious authorities talk about the need to prevent this disease. The rest is our job."

The language is less take-charge in Algeria. There Professor Bouguermouh of Algiers Pasteur Institute advocates open collaboration. The professor is the coordinator of the national anti-AIDS program, which has a representative from the ministry of religion. "We think that useful information can be disseminated through Islamic cultural centers," he says. "What's more, we have found some extremely attentive partners there."

Will this collaboration extend to the official promotion by Algerian Islamic authorities of condom use? Such an outcome is highly uncertain, since there is reason to fear a divorce between religious professionals and health specialists if the epidemic continues to spread. Yet so far both sides refuse to dramatize the situation.

"The right to life must take precedence over freedom," explains Professor Khiati. "To be effective, the use of condoms assumes that they be widely available and nominally priced, if not free of charge. That is a financial burden that is difficult to bear. Moreover, encouraging the use of condoms creates a false sense of security, causing an increase in sexual relations, and thus in the number of partners. Each and every person must know that only marital fidelity can prevent catastrophe. The rest, that is, the systematic inspection of drawn blood, is up to state authorities."<sup>2</sup>

Be that as it may, courageous initiatives are cropping up from time to time in North Africa. One such is that of Mr. Djoudi Djemoui, the director of the Rouiba health district of Algeria. Mr. Djemoui has just produced a play in which—with the help of paraphrase—homosexuality and multiple sex partners are finally publicly brought up, for preventive purposes. It is also worth stressing that the different initiatives undertaken in Morocco and Algeria, unlike those in Tunisia, have so far effectively avoided any wrong turns leading to the segregation AIDS patients or persons infected with the virus.

#### Footnotes

1. A Euro-North African symposium on AIDS organized between 18 and 20 May 1991, in the Algiers Cultural Hall by FOREM [expansion not given] and the French nongovernment association Inter-Med Assistance.
2. "What Kind of Health for Algerians?" by Professor Mustapha Khiati, Editions Maghreb Relations, 10, Blvd. Said-Hamdine, Algiers.

### ALGERIA

#### Seventy-seven AIDS Cases Reported to Date

91P40317A Algiers EL MOUDJAHID in French  
20 May 91 p 20

[Text] Since the discovery of the first cases in 1985, 77 AIDS cases, including 16 women, have been recorded in Algeria, as well as 265 HIV-positive cases. This information was announced on Sunday by Algerian specialists during the Euro-Maghreb seminar on AIDS, which has been in session at the Cultural Center in Algiers since Saturday.

The number of AIDS cases recorded in Algeria, which was seven in 1988, with 47 HIV-positive cases, rose to 41 (and 50 HIV-positive) in 1990, and to 77 (plus 265 HIV-positive) in 1991.

### **Ufa Scientists Develop Licorice-Based Anti-AIDS Drug**

*PM1306143791 Moscow IZVESTIYA in Russian  
12 Jun 91 Union Edition p 2*

[Report by A. Zinovyev: "Another AIDS Medicine?"]

[Text] Ufa—A promising remedy for prolonging the life of AIDS patients has been developed by a group of Ufa scientists. It is called niglizin.

During successful tests as a preparation for the treatment of rheumatic arthritis, niglizin revealed qualities also necessary in combating immune deficiency. This was no surprise, but the exact expectation of the inventors of the new compound.

The raw material for niglizin is licorice—one of the most ancient medicinal plants. Tibetan medicine ranks the sweet licorice root alongside the legendary ginseng, using it as an expectorant, an emollient, and an antidote. An extract of the root is also added to other medicines to improve their effect. More than a dozen kinds of licorice grow in our country. Those which present the most interest for medicine are glycyrrhiza glabra, which is widespread in the Asian part of the Union, and glycyrrhiza uralensis, which is found in the Urals.

The composition and structure of the sweet substance of the licorice root have been determined in our time and glycyrrhizic acid has been isolated. It is well known that it has a high and diverse biological anti-ulcerous and anti-inflammatory effect. Some years ago a group of Japanese scientists established yet another remarkable property of glycyrrhiza. In scientific terms, it possesses a pronounced effectiveness in inhibiting (restraining) the virus in immune deficiency sufferers.

Work on the development of new medicinal preparations on the basis of the glycoside and its derivatives has been conducted for more than 10 years at the USSR Academy of Sciences Urals Department Bashkir Scientific Center Chemistry Institute. This program is headed by Academician Genrikh Tolstikov. New biologically active substances have been obtained which are of value to medicine. One of these synthetic preparations—niglizin—was developed in conjunction with pharmacologists of the Bashkir Medical Institute.

Lidiya Baltina, senior scientific associate at the Chemistry Institute Laboratory of Fine Organic Synthesis says that the preparations are not inferior to the AZT compound developed in the United States, and in a number of tests even surpass the latter. In addition, AZT is produced from a raw material not found in the Union, and this raw material requires multistage synthesis; it takes seven months to produce the preparation. Hence its high cost—\$10,000 per patient for a year's course of treatment. Moreover, AZT is highly toxic, which limits its clinical use, whereas niglizin is completely nontoxic, as are, incidentally, all the derivatives of glycyrrhiza acid. At the present time, at the proposal of the USSR Academy of Medical Sciences, the new preparation is undergoing clinical trials on patients in the Center for Struggle Against AIDS (Moscow).

Professor Yuriy Murinov, leader of the Chemistry Institute Laboratory of Fine Organic Synthesis, states: "Our preparation is registered as an invention; it has yielded positive results in tests at the Kiev Oncological Center, and has also been used successfully in the treatment of stomach ulcers, bronchial asthma, and lung ailments. Such is its wide spectrum of activity. Foreign pharmaceutical firms are keenly interested in it. For example, the British firm 'Oxford Virology.' Our institute and the 'Vektor' Science and Production Association have concluded a contract with this firm for the joint production and sale of niglizin abroad. With the aid of this firm, the preparation is being tested as an anti-AIDS remedy in a London clinic. This same firm is assuming the costs of registering and marketing the preparation abroad. [no end quotes published]

Work on developing effective remedies is continuing. In the very near future Bashkiria will have something to offer pharmacy. Both for the internal and for the foreign market.

### **Latvian AIDS Victim Dies**

*LD1706193491 Moscow All-Union Radio Mayak  
Network in Russian 1800 GMT 17 Jun 91*

[Text] The Latvian AIDS center reports that the first inhabitant of the republic suffering from AIDS has died. The victim of the disease of the century was a Riga to Moscow route train guard. Previously two persons, a man and wife, committed suicide on learning that they had the terrible sickness. The head of the center said another nine AIDS patients are registered in Latvia.

## DENMARK

### AIDS-Treatment Personnel Under Stress

91WE0361B Copenhagen BERLINGSKE TIDENDE  
in Danish 25 Apr 91 p 3

[Text] The pressure of the job and the mental stress have resulted in the staff at the AIDS centers in this country leaving their jobs in great numbers.

During 1990, 42 of 109 nurses at the AIDS departments at the Rigshospital, Hvidovre Hospital, and Marselisborg Hospital in Aarhus chose to resign, writes the professional journal SYGEPLEJERSKEN that is published by the Danish Council of Nurses.

"A number of them left because of the great pressure of the job and, at the same time, it is mentally stressful," Viola Foder, ward nurse of the Infectious-Medical Department at Hvidovre Hospital, tells the paper.

Psychologist Ragnar Gunnarsson, who provides psychological help to the care personnel, HIV-infected, AIDS-infected and their dependents at the Marselisborg Hospital, feels that the personnel frequently become too involved with the patients and therefore risk becoming burnt out.

### Study Shows Up to 350,000 With HIV

91WE0370E Nuuk GRONLANDSPOTEN in Danish  
3 May 91 p 6

[Unattributed article: "Hidden HIV"]

[Text] Copenhagen—Upwards of 350,000 Danes—250,000 men and 100,000 women—could be infected with HIV without knowing it is the conclusion of a study done by two researchers—Mads Melbye and Robert Biggar of the State Serum Institute.

The study, supported by the State Health Science Research Council, shows that the risk of getting AIDS has not made Danes change their sexual behavior.

"It is not our intention to frighten people to death but it is important for us to have a common sense approach to the risk," said Mads Melbye.

### Parliament Opposed to HIV Register

91WE0370D Copenhagen BERLINGSKE TIDENDE  
in Danish 8 May 91 p 5

[Unattributed article: "No HIV Register"]

[Text] Yesterday a wide majority in the Folketing swept aside the Progress Party's motion to register all HIV-positives and persons with AIDS. The attitude among the parties in the Folketing continues to be that Denmark's AIDS effort should be on a voluntary basis, with anonymity and public information.

### AIDS Spreading Rapidly in Greenland

91WE0370C Copenhagen BERLINGSKE TIDENDE  
in Danish 11 May 91 p 3

[Article from Ritzaus Bureau wire service: "AIDS Spreading Rapidly in Greenland"]

[Text] Nuuk—HIV infection is spreading rapidly in Greenland. And it is just as common to become infected with HIV through heterosexual as it is through homosexual intercourse. Dr. Mads Melbye, the head of the State Serum Laboratory, has assessed the spread of AIDS in Greenland. At a medical conference in Nuuk this week, he sounded the alarm even if in terms of percentage no more HIV-positives have been reported in Greenland than in Denmark. Mads Melbye's AIDS alarm is based on the fact that the spread of the disease took 10 years in Denmark whereas the spread of HIV in Greenland occurred in only three years.

### High 'Burnout' Rate for AIDS Care Nurses

#### Conference Aims Problems

91WE0406A Copenhagen BERLINGSKE TIDENDE  
in Danish 24 May 91 p 6

[Article by Trine Baadsgaard: "Flight From AIDS Jobs"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Nurses in hospital AIDS wards are leaving their jobs because they are burnt out from psychological stress. Now Scandinavian nurses are holding a conference to share experiences.

An inter-Scandinavian AIDS conference will be held this weekend in Hvidovre; 130 nurses from all over Scandinavia will participate. The conference has been arranged because work stress and psychological strain have caused nearly 50 percent of the nurses who care for AIDS patients to quit their jobs. Thus 42 of the 109 nurses employed in 1990 quit their jobs in the AIDS wards of the Rigshospital, Hvidovre Hospital, and Marselisborg Hospital in Aarhus.

"To care for AIDS patients is unbelievably psychologically stressful. We know that we can tend and alleviate, but there is no treatment. We know that they will die in the end," said Jan Rostad, one of the organizers of the conference.

There is no risk of infection to make caring for AIDS patients problematic. The nurses are instructed to observe a minimum of safety rules in order to avoid infection and not a single nurse has been infected in Denmark.

The nurses feel that the two greatest problems are that they do not have time to talk to each other about the problems involved in caring for terminally-ill patients. The second is that AIDS patients are very young, as a rule, and have difficulty accepting that they must die.

"At the same time, AIDS patients are a very demanding group of patients. They are very conscious of their illness and their lives and make demands on us and their treatment. That is what is exciting about working with AIDS patients," said Claus Philipsen, a nurse at Hivovre Hospital and coorganizer of the conference.

In the coming weekend, the 130 Scandinavian nurses will exchange experiences, ideas, and frustrations about nursing AIDS patients. The organizers hope that the various contributions will give participants a possibility to anticipate the risk of burnout and thereby avoid it. The Conference will be held at the Scandic Hotel in Hvidovre and is supported by funds from the Nordic Ministers' Council.

#### Statistics Confirm Trend

91WE0406B Copenhagen BERLINGSKE TIDENDE  
in Danish 10 Jun 91 p 1

[Article by Henning Ziebe: "Many Nurses Giving Up Nursing AIDS Patients"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Allowance is not made for the extra time needed to take good care of the very ill and dying.

Nurses who work in the AIDS wards are exposed to so much psychological and physical stress that they quit their jobs much more often than their colleagues in 'ordinary' wards do.

Statistics show that the turnover of nurses is basically more frequent in the AIDS and cancer wards than in other wards. This is apparently due to the fact that more staff is not allocated to these areas, even though very ill patients demand much more time than patients in other wards.

Professor Peter Skinhoj, M.D., of the Rigshospital epidemiology department confirms that the turnover of nurses is rapid.

"It happens that very ill AIDS patients have a much greater need to have their hand held than patients who are hospitalized with a broken leg, but no allowance is made for this.

"One shouldn't believe that nurses shrink from taking care of very ill and dying patients. They do not, and we also have a lot of applications for new positions, but the amount of strain involved in comparison to the number of staff members is so high that they are both physically and psychologically overtaxed. They simply give up because the task is too great."

Elin Pilgaard, a nurse at the Rigshospital, told MORGENPOSTEN that the problems are great also because of the demand patients make on the overburdened personnel.

"AIDS patients are very young and most of them are very conscious of their illness and the demands they can make concerning their treatment.

"Patients confront us all the time with the fact that we are not doing well enough. That we do not have enough time for them. They don't put up with things that older people, for example, do." Elin Pilgaard added.

#### FINLAND

#### Slight Increase in New HIV Cases

#### New Information Campaign

91WE0392A Helsinki HELSINGIN SANOMAT  
in Finnish 8 Jun 91 p 11

[Unattributed article: "Many New HIV-Positive Cases Still Being Discovered"]

[Text] The incidence of new HIV infections is up slightly from last year. Testing during the first five months has revealed 27 HIV-positive samples, whereas the number for last year during that time was 21. Last year saw Finland's HIV infection numbers go into a steep climb, with 91 new cases in all.

Supervising physician Olli Haikala from the Health and Social Services Ministry feels that the statistics for the first part of the year are not yet a reliable enough indicator for predicting the total number of cases that will be identified during the current year. He does say, however, that apparently Finns have already forgotten the fear of AIDS they had toward the end of the 1980's and, because of this, have also forgotten their caution in random sexual relations.

Eighty-two HIV-infected persons in Finland have developed AIDS. Of these, 53 have died. The total number of HIV-positive cases in Finland is now 398.

Half of the infections have occurred abroad, and about one-fifth of the infected persons are foreigners.

According to Haikala, only a couple of the political refugees who have come to Finland have tested HIV-positive. The refugees have been very good about participating in the testing programs.

The Health and Social Services Ministry is preparing a new poster campaign to be launched this summer. The posters will be put in trains and other places.

Young people travelling on Inter-Rail will be given a kit containing, in addition to a travel guide, a reminder about sexually transmitted diseases and a condom.



### Earlier Medicine Use

91WE0392B Helsinki HELSINGIN SANOMAT  
in Finnish 20 Mar 91 p 3

[Unattributed article: "AIDS Medication To Be Given to HIV-Infected Persons Before Symptoms; Early Treatment Prolongs Life"]

[Text] The only AIDS medication now in use can, in the future, be given to HIV-positive patients even before they show severe symptoms. Government health services have expanded the use of the drug after studies indicated that patients treated with Retrovir live two to three times longer than those without treatment.

The drug has also been shown to delay the progress of the disease for HIV-infected patients who have not shown any symptoms.

Studies have also revealed that the patients have retained their immunity better when treatment has begun in the early stages. Further, serious side effects are rarer among these patients.

Those patients with few or no symptoms who have had their T-4 cell count fall below a certain level or decrease rapidly can henceforth also be treated.

Supervising physician Juhani Lahdevirta estimates that the treatment will annually cost an average of 15,000 markkas per patient. In Finland, the patient receives medicine free of cost.

Prof. Pauli Leinikka of the State Health Institute's AIDS Laboratory feels that expanding the use of the drug as well as the promising research results will cause people to more readily have themselves tested for HIV infection.

The State Health Institute currently tests about 50,000 persons a year, a figure that has held steady in recent years. In addition to these, the blood donor service conducts approximately 300,000 tests per year.

The total number of HIV cases in Finland is 373. Seventy-four have actually developed AIDS—that is, loss of immunity. Of these, 46 have died.

## FRANCE

### Researchers Release New AIDS Study

91WE0358A Paris LE MONDE in French  
14 May 91 p 12

[Article by Jean-Yves Nau: "French Discovery Leads to Better Understanding of AIDS Physiopathology"]

[Text] Speaking before the Academy of Sciences on Monday, 13 May, a team of French biologists from the Pasteur Institute in Paris, headed by Professor Luc Montagnier, made public the results of original research

into the physiopathology of AIDS.<sup>1</sup> The data open up new possibilities of treatment in the handling of persons stricken with the disease.

The work of the team headed by Montagnier provides a solution to one of the most difficult problems that AIDS poses for biologists. If the virus identified at the Pasteur Institute in Paris in 1983 does indeed play a role in the conduciveness of the disease, the viral infection does not by itself enable one to understand it. In particular, scientists have yet to gain a full understanding of how one progresses from this infection to a clinical manifestation of the disease and why the "silent" period separating these two stages is so long, sometimes 10 years or more!

For several years now, Montagnier and his aides have favored the hypothesis that AIDS could be the result of infection by the HIV virus and other organisms, mainly Mycoplasmas. In the Pasteur Institute's ANNALES, first of all (LE MONDE, 20-21 May 1990), and then before the Academy of Sciences (LE MONDE, 14 November 1990), the team presented a series of experimental arguments backing this hypothesis. The work presented today fits into the same framework.

### "Death by Programmed Suicide"

The research starts from an observation: Lymphocytes (white corpuscles playing a central role in the organism's system of immunity) taken from seropositive persons and grown *in vitro* die much faster than those from uninfected persons. This loss of cell viability exists at all stages of the infection (asymptomatic phases, ARC, AIDS) and does not seem to exist in any other infectious human pathology. Only after trying for years to understand the reasons for such a phenomenon did the Pasteur Institute team discover that one type of lymphocytes from seropositive persons was engaged in a deadly process known in biology as "apoptosis." "Apoptosis," Montagnier explains, "is one of the two forms of cell death. There is sudden death of the membrane by lysis and there is apoptosis, which can be described as a kind of death by programmed suicide, a phenomenon internal to the cell and leading to the sectioning of the cellular ADN into multiple fragments."

The French researchers also observe numerous pre-apoptosis cells in their culture. How is such a phenomenon to be interpreted? According to the hypothesis developed in the article presented before the Academy of Sciences, the viral infection reportedly unleashes the process preparing the cells for death by apoptosis. This phenomenon would presumably be triggered by subsequent encounters of the cell with different antigen from infectious agents (Mycoplasmas, Toxoplasmas, and so on). Such a scenario would thus explain the long incubation period following the primary viral infection during which one observes a slow decrease in the number of certain lymphocytes.

This advance in the physiopathological understanding of the disease opens up new therapeutic prospects. It is

possible to prevent cell death by apoptosis by using different growth factors (mixtures of cytokines or T. Cell Growth Factor) naturally secreted by the T. lymphocytes. It would therefore appear that these biological agents could (in association with antibiotics or antiviral molecules) be used in seropositive patients to prevent the death of cells indispensable to proper functioning of the immune system and thus prevent the evolution into full-blown AIDS.

#### Footnotes

1. "Discovery of a Process Leading to Death of the Cell by Apoptosis in the Lymphocytes of Patients Infected by the HIV Virus." The article, presented before the Academy of Sciences, is signed by M.L. Gougeon, R. Olivier, S. Garcia, D. Guetard, T. Dragic, C. Daguett, and L. Montagnier.

### ICELAND

#### National Medical Service Issues AIDS Report

91WE0340A Reykjavik MORGUNBLADID in Icelandic  
1 May 91 p 2

[Unattributed report: "61 Diagnosed with HIV Infection"—first paragraph is MORGUNBLADID introduction]

[Text] Sixty-one individuals have been diagnosed the HIV-virus as of March 31, 1991, of which ten have died, according to information from the National Physician's Office. Six individuals are judged to have AIDS. Since then two more individuals have been diagnosed with HIV-infections, but none with AIDS. A total of 16 people in Iceland have been diagnosed as having AIDS, the final stage of the disease, and ten of them have died. The so-called rate of the disease is according to this 6.3 per 100,000 inhabitants. Most HIV-infected individuals are between 20 and 29 years of age, or 29 in all. Three of these have developed AIDS in the final stage, and two of them have died. Fifty-two men and nine women have been infected with HIV.

### IRELAND

#### AIDS-testing Program for Maternity Hospitals

91WE0399 Dublin IRISH INDEPENDENT in English  
16 May 91 p 13

[Article by Katherine Donnelly]

[Excerpt] The Department of Health is to introduce sample testing for the AIDS-related HIV virus at some maternity hospitals in the first move away from solely voluntary testing.

The new programme, targetted at ante-natal patients, is expected to start at one or two maternity hospitals in the coming months.

UP to now, official statistics have been based on voluntary tests and so far regarded as giving an incomplete picture.

The new testing plan is aimed at giving the Department a broader and more accurate view of the level of infection, particularly outside known risk groups and in the heterosexual community.

The tests will be done on samples of blood already being taken in ante-natal clinics but it will be on an anonymous basis with no record of the identity of donors.

National AIDS Co-ordinator Dr. James Walsh told the IRISH INDEPENDENT that ethical and legal problems arose on this issue, but he stressed the anonymous nature of the testing.

Obviously the Department will know the samples are from sexually active heterosexual women, but there will be the disadvantage of not knowing the donor's status in terms of risk categories.

According to statistics drawn up by Professor Irene Hillery of UCD, 44,607 people have already been tested for HIV here, with 1,044 samples showing positive.

Most at risk are male intravenous drug abusers, with almost 14 percent of the 3,168 tested showing positive, while women drug addicts recorded a rate of 10.6 percent among the 1,323 tested. Drug abusers account for more than half the known HIV cases.

After drug abusers, children at risk, of whom 671 have been tested, and haemophiliacs (1,010) are the next highest categories at 11 percent, while the incidence among homosexuals/bisexuals is 6.6 percent of 2,338.

Testing among prisoners resulted in a 3.3 percent discovery rate.

[Passage omitted]

### ITALY

#### AIDS Risks in Transfusions Reported

91WE0346A Rome LA REPUBBLICA in Italian  
4 May 91 p 25

[Unattributed article: "Transfusions Carry AIDS Risk"—first paragraph is LA REPUBBLICA's introduction]

[Text] Polytransfusion Association criticizes Health Ministry. Italy imports shipments of blood from nations where controls are inadequate. The number of cases ascertained so far are reported to be 1,200. In France, more than 5,000 persons were infected. Worldwide, 360,000 have been infected.

Rome—The threat of AIDS is subtly being spread even through normal transfusions. And following cases noted in France, similar episodes were reported in Italy.

"Transfusions were carried out with blood infected by the virus," it was said. But yesterday, the alarm launched by the Italian Polytransfusion Association has developed into a serious accusation against the Health Ministry, which is guilty, the association said, of having authorized or tolerated the sale of contaminated blood. And the criticism does not even spare the pharmaceutical companies which are reported to have directly sold plasma coming from countries that are less careful than ours. Here, controls required by law are among the most exacting in Europe. The number of cases so far reported is said to be 1,200, all documented by the Higher Health Institute.

The association's president, Angelo Magrini, said, "Even knowing that blood derivatives sold did not conform to regulations, the Ministry nevertheless kept them on the market. Regarding the pharmaceutical companies, even though they knew that the blood collected in Italy is very strictly controlled (it is subjected to an additional test: Hepatitis C), they continue to import from other countries such as Austria, Switzerland, Germany and the United States blood that comes from 'mercenary' donors, that is, those who do not donate blood voluntarily as is the case in Italy."

The association spokesman did not add other details for the time being. And in order to find out if and why it is possible that such a risky importation occurred, it is necessary to wait for the investigation of health authorities or at least the press conference organized for 9 May. At that time the Italian Polytransfusion Association will present, according to Dr. Magrini's statement, detailed documentation containing evidence concerning the responsibility of organizations in charge.

While awaiting an investigation of the alarming charge, President Margrini simply supplied facts: "According to data collected by the Higher Health Institute, more than 1,200 persons were infected by the AIDS virus because of transfusion therapies."

But behind the figures there is the fear that our country, too, could suffer what happened in France in 1985 when the National Transfusion Center administered coagulant concentrates contaminated by the virus to about 5,000 French hemophiliacs. The seriousness was increased by the fact that this was not due to an error but to incredible carelessness.

## SWITZERLAND

### AIDS Countermeasures Success Discussed

91WE0374A Geneva JOURNAL DE GENEVE  
in French 7 May 91 p 16

[Article by Jean-Marie Krill: "AIDS: Prevention Is Working"—first paragraph is JOURNAL DE GENEVE introduction]

[Text] The AIDS prevention campaigns carried out in Switzerland since 1986 are working. The Swiss are not only well informed, but they have modified their behavior—especially the young people. For example, use of condoms has greatly increased, and more and more drug users have given up sharing needles. These are the results of a study published yesterday in Bern covering the 1989-1990 period. The study was carried out by the Institute of Social and Preventive Medicine at the University of Lausanne.

Bern—Though Switzerland still has the highest incidence of AIDS in Europe, it has also done pioneering work in prevention of the disease, with its national "Stop AIDS" campaigns organized by the Federal Public Health Office. Since 1986, as a means of gauging their impact, the task of evaluating these campaigns has been entrusted to the University of Lausanne's Institute of Social and Preventive Medicine. The evaluations are based primarily on surveys carried out on various population groups: youths, beginning workers, drug addicts, homosexuals, migrant workers.

Published yesterday, this third report (covering 1989 and 1990) shows an improvement in disease-preventive behavior among all groups surveyed. But the young generation has been most responsive to the AIDS prevention message, which advocates sexual fidelity or the use of condoms.

### Fewer Partners

Whereas in 1989 some 53 percent of young people aged 17-20 claimed to have had sexual relations with three or four partners, by 1990 that percentage had fallen to 40. The use of condoms for casual sexual encounters has greatly increased, from 19 percent in January 1987 to 73 percent in October 1990.

By comparison, mature adults (31 to 45 years of age) use condoms less frequently. Even so, condom use within this age group significantly increased between 1989 and 1990. Overall, condom sales in Switzerland rose sharply—by close to 80 percent between 1986 and 1989—before reaching a plateau in 1990.

### Better Informed

The principal vectors of transmission for the disease are now understood by the populace as a whole. There are a few gaps, however, for example among migrant workers, who still have a number of false ideas on the subject. Utilization of condoms is less common among this group than among permanent residents in the same age group.

The authors of the report also said it was unfortunate that some sexual behavior patterns have been insufficiently investigated to date. Apart from sexual tourism (most of whose practitioners apparently take preventive measures), little is known about prostitution in Switzerland.

Among homosexuals, by contrast, prevention seems to have become the normal practice, and most of them engage in "safer sex." The prevalence of the virus within this group remains high, so it is important to consolidate and maintain the progress already made and keep people from getting discouraged.

#### **Needle Sharing**

The word has also gotten out to drug addicts. Needle sharing is very infrequent (fewer than one user out of 10 in a six-month period) when clean hypodermic equipment is available and easily accessible. Exceptions are almost always the consequence of user urgency.

Distribution of syringes is authorized now in almost all of Switzerland's cantons, except for the demi-cantons of Nidwald and Appenzell AI. Several programs for distribution/exchange of hypodermic equipment have run into problems, however. Dr. Dominique Hausser said yesterday for example that he regrets Geneva's syringe distribution and social services bus-mobile program has never gotten off the ground.

The question of sexual transmission of the AIDS virus among drug users remains unanswered, since it has not received as much attention as transmission via blood contamination. Despite the fact that condoms are used as widely by drug addicts as by the general population, this group's situation is rather unsatisfactory, considering its high rates of seropositivity (20 to 30 percent).

#### **Parental Role**

Researchers at the Institute of Social and Preventive Medicine also analyzed the role played by parents, doctors and schools in prevention. Although most parents meet their responsibilities and offer realistic counsel, the researchers say medical doctors could be doing more, particularly with their younger patients. The quality of preventive services offered by schools differs greatly from region to region; it is generally more advanced in French-speaking than German-speaking parts of the country.

Overall, in any case, the Lausanne Institute finds that parents, doctors, and schools are still hindered by lack of adequate references and supports to guide their efforts. The "Stop AIDS" campaigns, however, are generally well received by the public. According to the report, the subject continues to get good press coverage, although the number of articles on AIDS is declining.

#### **Recommendations**

In conclusion, in order to prevent people from getting complacent about AIDS, the Lausanne researchers offered a series of recommendations for future campaigns. Such campaigns should continue to target—and focus on the concerns of—young people, they say. Use of condoms should continue to be encouraged, so that it becomes the social norm. They also suggest preparation of an interim assessment at the end of the first five years of preventive campaigns, in order to give the public a sort of overview of the current situation (epidemiological changes and advances in the scientific understanding of AIDS).

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